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# MONTANA STATE PLAN

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**ALCOHOL ABUSE AND ALCOHOLISM  
PREVENTION, TREATMENT AND REHABILITATION**

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FISCAL YEAR 1972

STATE DEPARTMENT OF HEALTH  
AND ENVIRONMENTAL SCIENCES

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For

ALCOHOL ABUSE AND ALCOHOLISM  
PREVENTION, TREATMENT, AND REHABILITATION

PLEASE RETURN

Submitted By

THE MONTANA DEPARTMENT OF HEALTH  
AND ENVIRONMENTAL SCIENCES

Fiscal Year 1972



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## PURPOSE

This Montana State Plan is being developed in order that a coordinated comprehensive plan for the development and provision of alcohol abuse and alcoholism prevention, treatment, and rehabilitation programs may be instituted for the entire State of Montana. This document will establish priorities and indicate the mechanisms for the allocation of those formula grant funds that are being made available to the State of Montana, as authorized in Public Law 91-616. This plan will provide for a rational and effective utilization of limited resources from State, Federal, private, and voluntary sources directed toward planning, establishing, maintaining, coordinating, and evaluating those projects and programs in the State of Montana dealing with alcohol abuse and alcoholism prevention, treatment, and rehabilitation.

The development of this plan should materially assist in the acquisition of necessary funding and other means of support from local, regional, state, and national sources. This document will permit us to establish realistic goals and provide a mechanism for the evaluation of planning and program activities. It will provide a necessary tool for the education and edification of those concerned and not so concerned with the problems of alcohol abuse and alcoholism in our State.

Most of all, this document provides a basis for the overall



reasonable, rational, realistic development of a broad range of accessible and coordinated prevention, treatment, and rehabilitative services and programs for the alcohol abuser, the alcoholic, families, and employers.

## INTRODUCTION

The primary goal of this Montana State Plan for Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation should be the elimination of alcoholism. This, however, is not practical nor reasonable as an attainable goal. A more realistic goal is the reduction in the number of alcohol abusers and alcoholics and a reduction in the impact that alcohol abusers and alcoholics have upon personal and public health, welfare, mental, social, and economic well being in our State. The second goal of the Montana State plan is for the provision of a wide range of services and programs that focus upon the whole man and provide resources to the point that a multiple problem requires multiple resources for its resolution.

A systems analysis of the ideal and, in fact, practical delivery of services for the alcohol abuser or alcoholic in Montana is such that there is entrance into and exit from the system at any point in the system. Thus, a client has access to services and may use those that he finds accessible and satisfying his needs, goals, and desires. This particular model also implies that services that work for one individual will not necessarily work or provide the needed service for another. Development of this particular type of model is so those gaps and services that need to be filled are, and also so that those often times useless and duplicated services are

eliminated from the system.

Evaluation of the process as well as the product of alcoholism prevention, treatment, and rehabilitation in Montana will be greatly expedited by utilizing this concept. It will be possible not only to look at the number of persons and services but also the types of services, their resources, their impact, their procedures, and their interlocks and interchanges with other parts of this particular delivery system or other systems.

Alcoholism prevention, treatment, and rehabilitative services cannot, should not, and will not exist in a vacuum. They must make maximum utilization of one another and all applicable resources. It is our intent in the development of this planning process to maximize the impact of other health and social services upon those for the alcoholic and at the same time to have the impact of programs and activities directed toward the alcoholic making their impression and impact upon all other health and social service modalities and programs.

## STATEMENT OF PRIORITIES

Long-range priorities for alcohol abuse and alcoholism planning and programming in Montana are briefly stated as follows:

1. The development of a comprehensive range of accessible services for the alcohol abuser, the alcoholic, and his or her family. Such services will include but not be limited to the broad range from crisis intervention and emergency services to emergency detoxification; screening, diagnostic, and referral services; in-patient and out-patient services; transitional or intermediate services such as half-way houses, foster home and day-care facilities, and a broad spectrum of training and rehabilitative services.

2. The carrying out of an in-depth survey of the problem of alcohol abuse and alcoholism in the State so that a base line may be established and on-going data collection and analysis utilized to provide an evaluation of efforts in this Plan and in the services being made available throughout the State.

3. The training of professionals, para-professionals, and volunteers in the provision of services for the alcohol abuser and the alcoholic and in the development and provision of standards for such individuals and alcoholism services throughout the State.

4. The development of a program of occupational and industrial alcoholism for employees of local, county, and State government and private industry in the State. This particular priority

is being addressed through a project application now under consideration for the National Institute of Mental Health which we hope will begin to provide necessary services for a three-year period on or about June 1, 1972.

5. The enactment and implementation of the Uniform Alcoholism and Intoxication Treatment Act as drafted by the National Conference of Commissioners on Uniform State Laws. Coupled with the enactment will be a comprehensive program of education for the public and those professionals and agency personnel who will be directly affected by the enactment of such a statute.

6. Education of the public and particularly of schoolage children in the nature of alcoholism and its problems as an ongoing and everyday facet of our living. The effect of alcohol upon the individual and society and education to understand this impact is important. Priority should be directed toward the realization that alcohol is with us and will be with us and an abstinence approach will not work. We will have to learn to live with this drug and do what we can to minimize its impact on the individual and society.

## BACKGROUND INFORMATION

Montana is a land of contrast. The western third is mountainous while the eastern two-thirds are primarily flat and treeless. The Continental Divide separates these two regions, whose land surface of 147,138 square miles makes Montana the fourth largest State in the Union. The Divide stretches through Montana from Glacier National Park on the Canadian border to Yellowstone National Park in the south. While the average elevation in Montana is 3,900 feet, the highest point is Granite Peak (12,799 feet) in the Absaroka Mountains near Cooke City, and the minimum elevations are found in the Kootenai River Valley (1,820 feet) in the west and near Fairview (1,902 feet) close to the North Dakota line on the east. Contrasts are also found in population density.

Montana's residents are unevenly distributed over its vast area. The first settled western and central sections are still the most heavily populated, while eastern Montana is characterized by vast rural expanses. Nationally, the State ranks forty-first in population. During the last decade, the number of persons in Montana rose 2.9 per cent; the 1970 census figure was 694,409, representing 0.3 per cent of the nation. Of this number, 95.5 per cent were white; 4.2 per cent, Indian; and 0.3 per cent, black. Seven cities have over ten thousand people, but only two of these are SMSA with over fifty thousand inhabitants. These seven communities contain about a third



of the State's total population, while almost one half (46.6 per cent) of all Montanans live in communities of one thousand or less. Overall, there are only 4.7 persons per square mile. Economic ratings are also low.

Average cash income per Montana household, according to 1969 estimates, was \$7,720 compared to \$9,220 nationally. Montana's share of total national personal income was, as was its population share, 0.3 per cent. Montana ranked thirty-first in personal per capita income in 1968, a dramatic fall from twelfth place in 1950. In addition, the State's percentage of the total United States net personal income declined at a steady rate from 0.43 per cent in 1950 to 0.29 per cent in 1969.

Montana is called the "Treasure State" because it has many rich mineral deposits. Montana also relies on its agricultural resources. These pursuits form the backbone of the State's economy. Mineral production and forest products industries are located in the western and central areas. The short native grasses of eastern Montana provide a natural setting for raising stock, and large-scale farming and ranching predominate here. Total revenues from ranching and minerals are about equal. Other industries include manufacturing and tourism.

Agriculture, mineral production, and forest products industries all have a certain degree of hazard and accident potential inherent in them. Heavy construction, which has also been very widespread in Montana in recent years, also has an aura of risk about it. These types



of industries, which are conducted primarily in the out-of-doors, attract personnel who live a masculine, devil-may-care, rough and tumble way of life both to maintain an image and often by necessity to get the job done. The very nature of these kinds of work and the individual involved conjure the image of a two-fisted, hard drinking person. The role of alcohol and drinking among men employed in such occupations is very commonly accepted and considered to be part of the way of life.

Montana is a "heavy drinking" State. The per capita consumption of beer and ale is the fourth highest in the country, and the per cent of increase in per capita consumption is fifth highest in the country. There is one tavern for every 469 Montana residents. In addition to the rugged style of living mentioned earlier, Montana has seven Indian reservations with a total population that constitutes 4.2 per cent of the State population. The use of alcoholic beverage is disproportionately higher among the Indian residents as reflected by arrests for offenses involving alcohol. Of the arrests made in 1971, 41.7 per cent were Indian.

Montana legislators have long been concerned about the problem drinker in the State. In 1911 the first legislative action was taken in the establishment of the State Hospital with a unit specified for care and "treatment" of the alcoholic. No other funds were available until 1949 when \$7,405.00 were made available to the Department of Health. In 1953, an Alcoholism Advisory Committee

was established but without funds and without authority. This body made numerous suggestions and recommendations; however, no funds have been available for implementation of an action plan.

Montana has a larger problem on a per capita basis than most of the other states. The problem is growing faster, on a per capita basis, than in most of the other states, and the economic base for funds is less than in most of the other states.

#### ALCOHOLICS IN MONTANA

Estimates of the number of alcoholics in the general population vary between the several sources of information. Dr. Morris Chafetz, Director of the National Institute on Alcohol Abuse and Alcoholism, uses the figure of five per cent of the general population. This would indicate that there are some 34,720 alcoholics in Montana. He also indicates that the incidence of alcoholism among Indians varies from ten per cent to fifty per cent. Montana has seven Indian reservations that together constitute 4.2 per cent of the state population. A projected figure of Indian alcoholism in Montana would substantially increase the state total of alcoholic persons. The Social Research Group at George Washington University uses a figure of 8.15 per cent of the general population. This would show 56,663. They do not make special reference to Indians.

ADMINISTRATION AND SINGLE STATE AGENCY. Governor Forrest H. Anderson designated the Montana Department of Health and Environmental Sciences as the single State agency to develop and administer the Comprehensive State Plan for Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation on December 17, 1971. This designation was in a letter expressing the desire of the State of Montana to participate in the formula grant program authorized under Public Law 91-616 and designating the Department as the single State agency (letter appended). An opinion of the Attorney General of the State of Montana is being requested regarding the powers of this agency. That opinion will be appended upon its receipt.

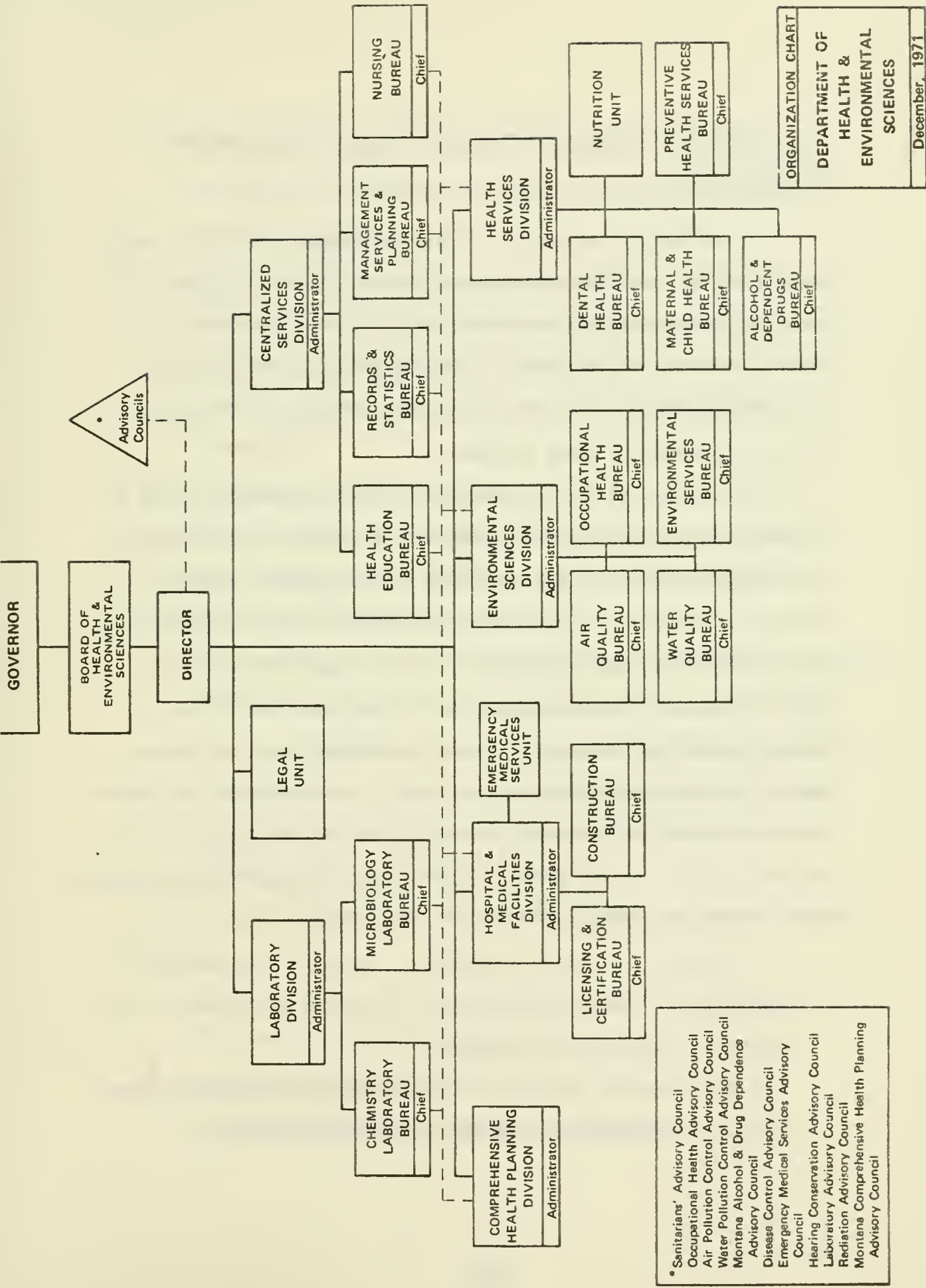
NAME AND ADDRESS OF THE AGENCY:

Montana Department of Health and Environmental Sciences  
Cogswell Building  
Helena, Montana 59601

THE NAME AND TITLE OF THE AGENCY DIRECTOR:

John S. Anderson, M.D., M.P.H., Director  
(406) 449-2544

ORGANIZATIONAL STRUCTURE OF THE DEPARTMENT. The structure is shown in the attached organizational charts. The Departmental unit assigned major responsibilities for development and administration of the State plan is the Alcohol and Dependent Drugs Bureau of the Health Services Division, Robert L. Solomon, Bureau Chief. All other units and activities of the Department are available and will



be utilized as necessary in the development and administration of the State plan.

EVIDENCE OF AUTHORITY. Title 69, chapter 62, R.C.M. 1947, established the Montana commission on alcohol and drug dependence to establish means whereby the appropriate resources of this State may be focused fully and effectively upon the problems of alcohol and drug dependence and utilized in implementing programs for the control and treatment of these problems.

Senate Bill No. 274, enacted in 1971 and commonly known as the Montana Executive Reorganization Act, in 82A-602 (3) (a) states "the Montana commission on alcohol and drug dependence, created in title 69, chapter 62, R.C.M. 1947, is abolished, and its functions are transferred to the department. Unless inconsistent with this act, any reference in the Revised Codes of Montana 1947 to the Montana commission on alcohol and drug dependence means the department of health and environmental sciences." The department of health and environmental sciences was created by 82A-601 of Senate Bill 274 and was activated by the Governor under executive order dated November 27, 1971. Pertinent sections of title 69, chapter 62, R.C.M. 1947 are:

69-6203. Duties of commission - department authorized to accept gifts - enter into contracts - acquire and dispose of property. (1) The Commission shall:

(a) plan, promote, and assist in the support of alcohol and drug dependence prevention, treatment, and control programs;



(b) conduct, sponsor, and support research, investigations, and studies, including evaluation of all phases of alcohol and drug dependence;

(c) assist in the development of educational and training programs relative to alcohol and drug dependence, and carry on programs to assist the public, and technical and professional groups, in becoming fully informed about alcohol and drug dependence;

(d) promote, develop, and assist financially and otherwise, alcohol and drug dependence programs administered by other state agencies, local government agencies, and private non-profit organizations and agencies;

(e) encourage and promote effective use of facilities, resources, and funds in the planning and conduct of programs and activities for prevention, treatment, and control of alcohol and drug dependence and, in this respect, co-operate with and utilize to the maximum possible extent the resources and services of Federal, state, and local agencies.

(2) to carry out the purposes of this act, the Department may:

(a) accept gifts, grants, and donations of moneys and property from public and private sources;

(b) enter into contracts;

(c) acquire and dispose of property necessary.

69-6204. Receipt of financial assistance authorized - cooperation with other agencies and organizations - grants to other agencies and organizations. The Department may apply for and receive grants, allotments, or allocations of funds or other assistance for purposes pertaining to the problems of alcohol and drug dependence, or related social problems, under laws and rules of the United States, any other state, or any private organization. The Department may cooperate with any other government agency or private organization in programs on alcohol and drug dependence related social problems. In carrying out cooperative programs, the Department may make grants of financial assistance to government agencies and private organizations under terms and conditions agreed upon.

69-6205. Department to administer act. The Department shall administer the provisions of this act.

69-6206. State and local government to cooperate with Department - not subject to its control. All agencies of state government, local government, and all state and local government employees shall, upon request, cooperate with the Department in its activities under this act, but nothing in the act shall be construed to give the Department control over any state or local agency or employee, unless otherwise provided by law.



69-6207. Deposit of funds from federal or private sources with State Treasurer. Funds available to the Department from federal or private sources for use in alcohol and drug dependence prevention, treatment, and control programs, shall be deposited with the State Treasurer to the account of the Department in the federal and private revenue fund.

C O P Y

C O P Y

July 13, 1970

Mr. Roger O. Egeberg, M.D.  
Assistant Secretary for Health  
and Scientific Affairs  
Office of Health, Education, and Welfare  
Washington D. C. 20201

Dear Dr. Egeberg:

Thank you for your letter soliciting my designation of a single state agency to participate in the review of grant proposals under the Community Health Centers Amendments of 1968 and 1970.

After exploring the situation extensively, it is my decision to designate the Montana Alcohol and Drug Dependence Commission as the state agency who will act as a reviewer of these grants. Robert Solomon is the Director of the Commission. His address is: 1336 Helena Avenue, Helena, Montana 59601.

If I, or my staff, can be of any further assistance, please contact me.

Sincerely,

FORREST H. ANDERSON  
Governor

cc: Dr. Bertram S. Brown

C O P Y

C O P Y

December 17, 1971

Dr. Morris E. Chafetz, M.D., Director  
National Institute on Alcohol Abuse and  
Alcoholism  
National Institute of Mental Health  
Department of Health, Education, and Welfare  
Rockville, Maryland 20852

Dear Dr. Chafetz:

The State of Montana desires to participate in the Formula Grant Program authorized under Public Law 91-616, the Comprehensive Alcohol Abuse and Alcohol Prevention and Rehabilitation Act of 1970.

I am designating the Montana Department of Health and Environmental Sciences, John S. Anderson, M.D., Director, as the State agency to develop and administer the State plan as required by Section 303 (a) (1).

Dr. Anderson has appointed the Montana Alcohol and Drug Dependence Advisory Council to provide advice, gather information, make recommendations, and to consult with the Department in the establishment and carrying out of plans and programs. I have concurred in the appointment of this Advisory Council and trust that it will satisfy the requirements as set forth in Section 303 (a) (3) of Public Law 91-616.

If you have any questions, please do not hesitate to contact us.

Sincerely,

FORREST H. ANDERSON  
Governor

C O P Y

C O P Y

March 8, 1971

Dr. Robert Van Horne, Chairman  
Montana Alcohol and Drug  
Dependence Commission  
University of Montana  
Missoula, Montana 59801

Dear Dr. Van Horne:

I am pleased to inform you that I am designating the Alcohol and Drug Dependence Commission of the Montana State Department of Health as the state planning agency for implementation of the so-called Hughes bill. This is in compliance with Section 303 (a) of Public Law 91-616, the Comprehensive Alcohol Abuse and Alcoholism Prevention and Rehabilitation Act of 1970.

I feel that the Montana Alcohol Commission was established for the purposes which are set forth in the above-entitled law, and it is the natural body in the state to coordinate and plan under this law.

If you have any questions, please contact me.

Sincerely,

FORREST H. ANDERSON  
Governor

cc: Mr. Robert Solomon  
Dr. John Anderson

## ADVISORY COUNCIL

John S. Anderson, M.D., Director of the Department of Health and Environmental Sciences, has administratively created the Montana Alcohol and Drug Dependence Advisory Council. The functions of this Council will be to advise the Department in carrying out the provisions of the Montana Alcohol and Drug Dependence Act, title 69, chapter 62, R.C.M. 1947. The purpose of the Council shall be to provide advice, to gather information, to make recommendations, and to consult with the Department in the establishment and carrying out of plans and programs.

The membership of the Advisory Council is essentially the same as the Montana Alcohol and Drug Dependence Commission which was its predecessor. In order to provide for continuity and to maximize the role of the Council, Dr. Anderson appointed the members of the Council from the membership of the Commission. The members of the Council will serve until November 30, 1973, and serve at the option and pleasure of the Director of the Department. Replacements or further additions to the Council may be made by the Director, and such appointments are registered with the Office of the Secretary of State upon the concurrence of the Governor.

The Council is at this time studying the possibility of recommending changes in the makeup of the Council. Such changes might include broader geographic, agency, and interest group repre-

sentation upon the Council. Such changes or recommendations in the makeup of the Council will be appended should they occur.

Members of the Council are as follows:

Robert L. Van Horne, Ph.D.  
Dean of the School of Pharmacy  
University of Montana  
Missoula, Montana 59801  
Phone: 243-0211

Dr. Van Horne has been chairman of the Commission since it was organized in 1969 and has been actively involved in alcohol abuse education and programming for a number of years.

John W. Bauer  
512 W. Main  
Bozeman, Montana 59715  
Phone: 587-1415

Mr. Bauer is a faculty member in the Sociology Department, Montana State University. He has been active in alcohol education and rehabilitation programs and was involved in the development of the first half-way house in the State.

Miss Martha S. Herlevi  
221 E. 11th  
Red Lodge, Montana 59068  
Phone: 446-2871

Miss Herlevi is a member of the League of Women Voters, the Lutheran Church, and the Montana Business and Professional Women's Association. The MBPW elected her Outstanding Woman of the Year for 1968. She is actively involved in alcohol education and has been a speaker before various groups throughout the State.

Miss Jen Follett  
Box 196  
Whitefish, Montana 59937  
Phone: 862-3678

Miss Follett, a junior at Whitefish High School, served on the Family Life Council and in the Cultural Awareness Program as a Counselor, and has participated in a drug training program at Whitefish. She is the youngest person appointed by a Governor of Montana to a major State board or agency.

Larry J. Schroeder  
204 Emerald Drive  
Billings, Montana 59101  
Phone: 248-6028

Mr. Schroeder is an architect in private practice and currently a member of the Board of Directors of the Rimrock Foundation, Billings, an alcoholism referral agency. He has also been active in the Yellowstone Council on Alcoholism.

Mrs. Caroline Kelley  
Director  
Fort Belknap Tribal Alcoholism Program  
Harlem, Montana 59526  
Phone: 353-2731

Mrs. Kelley is widely recognized for her work in prevention, treatment, and rehabilitative efforts directed toward alcoholism and alcohol abuse among the American Indians.

Brinton B. Markle  
Director  
Governor's Crime Control Commission  
1336 Helena Avenue  
Helena, Montana 59601

Mr. Markle is a graduate of the Law School of the University of Montana. He has been involved in the development, planning, and funding of alcohol programs relative to improving the Criminal Justice System in Montana.

The five ex-officio members of the Advisory Council are:

Stanley J. Rogers, M.D., Director and Superintendent of Warm Springs State Hospital; Theodore Carkulis, Director, Department of Social and Rehabilitative Services; Edwin G. Kellner, Director, Department of Institutions; Col. Robert H. McKay, Chief, Highway Patrol; and Mrs. Dolores Colburn, Superintendent of Public Instruction.

Membership of the Council at this time is representative of the following interests and activities relative to alcohol abuse



and alcoholism: Alcoholics Anonymous, State government, education, professional education, local council on alcoholism, youth, Indian alcoholism programming, law enforcement interests, treatment and rehabilitation programs, private sector, and social and rehabilitative services.

## DESCRIPTIVE STATISTICS

The 1970 Montana Data Book prepared by the Montana Department of Planning and Economic Development has been utilized as the major source for descriptive statistics. Chapter 4, Population; Chapter 5, Vital Statistics and Health; and Chapter 6, Social Welfare, are to be referred to for information relative to such basic information as: population figures by age, sex, and race; population projections; socio-economic data, etc.

In those copies of this plan which are being made available to the Office of the Governor, the National Institute on Alcohol Abuse and Alcoholism, the Regional Office of Health, Education, and Welfare, and those copies that will be available for review and comment by the public in the executive office of the Montana Department of Health and Environmental Sciences and the Alcohol and Drug Dependence Bureau, such chapters will be appended. All other copies of the State plan will show that this information is included by reference to those three chapters of the Montana Data Book.

## CONSUMPTION OF BEER AND LIQUOR IN MONTANA

All beer and liquor sold in Montana is purchased from the Montana Liquor Control Board and then sold on a retail basis by local dealers.

The Liquor Control Board reports the following total net income for the years listed:

1969-70	\$ 12,065,915.45
1968-69	10,231,748.89
1967-68	9,863,791.90
1966-67	9,301,586.59

The consumption breakdown by county with per cent of State consumption and per cent of State population is as follows:

<u>COUNTY</u>	<u>PER CENT OF STATE POPULATION 1970</u>	<u>PER CENT OF TOTAL SALES</u>
*Beaverhead	1.17%	1.53%
Big Horn	1.44	1.17
Blaine	.96	.81
Broadwater	.36	.31
Carbon	1.01	.98
Carter	.28	.21
*Cascade	11.78	12.49
Choteau	.93	.86
*Custer	1.75	1.83
Daniels	.44	.38
Dawson	1.62	1.25
Deer Lodge	2.25	2.10
Fallon	.58	.45
Fergus	1.81	1.42
Flathead	5.68	5.41
Gallatin	4.68	4.36
Garfield	.25	.15
*Glacier	1.55	2.17
Golden Valley	.13	.17

*Granite	.39	.41
Hill	2.40	2.34
Jefferson	.75	.58
Judith Basin	.38	.34
Lake	2.08	1.88
*Lewis & Clark	4.79	6.05
Liberty	.33	.23
Lincoln	2.60	2.21
*Madison	.72	.75
McCone	.41	.25
*Meagher	.30	.33
*Mineral	.42	.54
*Missoula	8.39	8.42
*Musselshell	.53	.48
*Park	1.61	1.88
Petroleum	.09	.07
Phillips	.77	.62
Pondera	.95	.92
Powder River	.41	.25
Powell	.95	.94
Prairie	.25	.19
Ravalli	2.07	1.39
Richland	1.41	1.23
*Roosevelt	1.49	1.62
*Rosebud	.86	.96
Sanders	1.02	.96
*Sheridan	.83	.92
*Silver Bow	6.04	7.56
Stillwater	.66	.50
*Sweetgrass	.42	.56
Teton	.88	.63
*Toole	.84	1.09
Treasure	.15	.08
Valley	1.65	1.42
Wheatland	.36	.35
Wibaux	.21	.18
*Yellowstone	12.58	12.73

CONSUMPTION OF MALT BEVERAGES IN MONTANA  
For Calendar Years 1961-1970  
Barrels of 31 Gallons

1961	423,495
1962	432,509
1963	444,223
1964	448,787
1965	465,091
1966	470,742
1967	492,787
1968	484,354
1969	499,371
1970	554,161

APPARENT CONSUMPTION OF MALT BEVERAGES IN MONTANA  
For Calendar Years 1961-1970  
Gallons

1961	13,128,000
1962	13,408,000
1963	13,771,000
1964	13,912,000
1965	14,418,000
1966	14,593,000
1967	15,276,000
1968	15,015,000
1969	15,481,000
1970	17,179,000

APPARENT CONSUMPTION OF DISTILLED SPIRITS IN MONTANA  
For Calendar Years 1961-1970  
Gallons

1961	804,000
1962	839,000
1963	851,000
1964	874,000
1965	918,000
1966	958,000
1967	993,000
1968	1,042,000
1969	1,098,000
1970	1,145,000

Source: Brewers Almanac, 1971, United States Brewers Association, Inc.

APPARENT CONSUMPTION OF WINE IN MONTANA  
For Calendar Years 1961-1970  
Gallons

1961	292,000
1962	273,000
1963	272,000
1964	283,000
1965	294,000
1966	305,000
1967	328,000
1968	358,000
1969	385,000
1970	418,000

PER CAPITA CONSUMPTION OF MALT BEVERAGES IN MONTANA  
For Calendar Years 1961-1970  
Gallons

Year	Total Population	21 Years & Over
1961	18.8	32.9
1962	19.2	34.0
1963	19.6	34.9
1964	19.7	35.0
1965	20.4	36.3
1966	20.8	36.9
1967	21.8	38.6
1968	21.7	37.3
1969	22.3	38.7
1970	24.1	42.4

PER-CAPITA CONSUMPTION OF WINE IN MONTANA  
For Calendar Years 1961-1970  
Gallons

Year	Total Population	21 Years & Over
1961	.43	.73
1962	.39	.69
1963	.39	.69
1964	.40	.71
1965	.42	.74
1966	.43	.77
1967	.47	.83
1968	.52	.90
1969	.55	.90
1970	.60	1.03

Source: Brewers Almanac, 1971, United States Brewers Association, Inc.

PER CAPITA CONSUMPTION OF DISTILLED SPIRITS IN MONTANA  
For Calendar Years 1961-1970  
Gallons

Year	Total Population	21 Years & Over
1961	1.18	2.02
1962	1.18	2.13
1963	1.20	2.15
1964	1.23	2.20
1965	1.30	2.31
1966	1.36	2.43
1967	1.42	2.51
1968	1.50	2.64
1969	1.58	2.75
1970	1.65	2.83

Source: Brewers Almanac, 1971, United States Brewers Association, Inc.



INDIAN DEATHS BY SPECIFIC CAUSE  
CALENDAR YEAR 1970

<u>Code</u>	<u>Cause</u>	<u>Age 25-44</u>	<u>Age 45-64</u>	<u>Age 65-up</u>	<u>Total</u>
291	Alcoholic Psychosis	1			1
303	Alcoholism	3	5	1	9
571	Cirrhosis of Liver	8	2	2	12
800-999	External Cause, Accidents, Poison- ing, Violence				83

Source - Billings Area Office, Indian Health Service, HSMHA

TOTAL NUMBER OF DEATHS FROM CIRRHOSIS  
OF THE LIVER, MONTANA, 1968-1970

1968	78
1969	87
1970	98

Source - Bureau of Records and Statistics  
Montana Department of Health and Environmental Sciences

STATE OF MONTANA  
GOVERNOR'S CRIME CONTROL COMMISSION  
JANUARY 31, 1972

STATEWIDE ADULT AND JUVENILE MISDEMEANOR ARRESTS  
ALCOHOL RELATED

BY OFFENSE, DAY AND TIME	TOTAL	SUN	MON	TUE	WED	THUR	FRI	SAT	0-4AM	4-8AM	8-12AM	12-4PM	4-8PM	8-12PM	UNKNOWN
DRUNK DRIVING	6967	935	735	890	968	942	1169	1328	2032	402	337	760	1192	1585	559
DRUNK DRIVING	1431	254	191	151	158	171	230	276	567	78	54	102	208	350	72
POSSESSION OF ALCOHOL	1896	320	131	124	137	187	473	524	632	48	62	90	122	669	273
TOTALS	10294	1509	1057	1165	1263	1300	1872	2128	3231	528	453	952	1522	2604	1004

BY OFFENSE, RACE AND SEX	TOTAL	WHITE	NEGRO	MEXICAN	INDIAN	CHICANO	JAPANESE	OTHER	TOTAL	MALE	FEMALE
DRUNK DRIVING	6967	3083	71	33	3774	1	0	5	6967	6267	700
DRUNK DRIVING	1431	1191	16	8	215	0	0	1	1431	1331	100
POSSESSION OF ALCOHOL	1896	1566	13	7	308	0	0	2	1896	1564	332
TOTALS	10294	5840	100	48	4297	1	0	8	10294	9162	1132

BY OFFENSE AND MONTH	TOTAL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
DRUNK DRIVING	6967	477	397	501	492	634	630	736	758	621	620	586	515
DRUNK DRIVING	1431	65	67	90	91	104	104	146	138	153	151	171	151
POSSESSION OF ALCOHOL	1896	176	187	211	101	227	180	155	119	117	100	115	118
TOTALS	10294	718	651	802	774	965	914	1037	1015	891	971	872	784

BY OFFENSE AND AGE	GRAND TOTAL	JUVENILES										ADULTS			
	TOTAL	1-11	12-15	16-17	TOTAL	18-19	20-25	26-29	30-39	40-49	50-59	60-UP			
DRUNK DRIVING	6967	285	1	62	222	6682	387	977	1410	1469	1173	727			
DRUNK DRIVING	1431	22	0	0	22	1409	72	272	280	299	230	116			
POSSESSION OF ALCOHOL	1896	783	2	220	561	1113	737	273	28	24	11	7			
TOTALS	10294	1090	3	282	805	9204	1196	1522	1718	1792	1414	850			

STATEWIDE ADULT AND JUVENILE MISDEMEANOR ARRESTS FOR ALL OFFENSES TOTALED 23,059

MONTANA HIGHWAY PATROL  
Fatal Accident Experience  
1971

There were 275 fatal traffic accidents on the streets and highways of Montana during 1971.

Speed too fast for conditions, drinking, or a combination of the two were factors in 161, or 59% of these fatal accidents. The remaining 114, or 41% were attributed to other causes.

Speed too fast for conditions was a contributing factor in 93, or 34% of the fatal accidents. A drinking driver or pedestrian was involved in 113, or 41% of the fatal accidents.

-----  
143 (52%) of the fatal accidents occurred during daylight -- 172 killed  
132 (48%) of the fatal accidents occurred during darkness -- 156 killed  
-----

17 (6%) of the fatal accidents involved motorcycles

-----  
328 persons were killed      114 (35%) of persons killed had been drinking

224 (68%) were males

104 (32%) were females

50 (15%) were teenagers  
-----

178 drivers were killed

80 (45%) of drivers killed had been drinking

113 passengers were killed

23 (20%) of passengers killed had been drinking

34 pedestrians were killed

11 (32%) of pedestrians killed had been drinking

3 bicyclists were killed

0 bicyclists killed had been drinking  
-----

271 (83%) of persons killed were Montana residents

57 (17%) of persons killed were out-of-State residents  
-----

366 drivers were involved in fatal accidents

110 (30%) of drivers involved in fatal accidents had been drinking

216 (59%) of drivers involved in fatal accidents were in violation  
of traffic laws  
-----

Source: Montana Highway Patrol 2/72

## IMPLIED CONSENT LAW

The 1971 Montana Legislature passed an "Implied Consent" law that applies to the driver who is arrested while under the influence of alcohol. This law, in effect, requires that the driver submit to a chemical analysis of his blood, breath, or urine. The license of the drinking driver will be revoked if he or she does not submit to the chemical test.

Most other States have had this type of legislation for many years.

## PRESUMPTIVE LEVEL

The 1971 Montana Legislature reduced the amount of alcohol necessary for presumed intoxication in the blood, urine, or breath of a drinking driver. The former presumptive level was .15 and the new level is .10. This law goes even farther and makes a possible conviction with a level of between .05 and .10, depending upon other factors.

This lower presumptive level, combined with the implied consent law, substantially tightens the drunk driving laws in Montana.

## DUTIES AND AUTHORITIES OF WARM SPRINGS STATE HOSPITAL

The function of the Warm Springs State Hospital located at Warm Springs, Montana, is to treat mentally ill persons, alcoholics, and drug abusers who are committed voluntarily or through court proceedings. The Hospital forms one component of the Division of Mental Hygiene, an extension of the Montana State Department of Institutions. Although the Division of Mental Hygiene operates community-based Mental Hygiene Clinics and Comprehensive Community Mental Health Centers, Warm Springs State Hospital is the only state supported in-patient psychiatric treatment facility available to the citizenry of Montana.

Warm Spring's historical antecedent was a privately owned sanitarium located in the general vicinity of the present center. The sanitarium, founded in 1877, contracted with the Montana territorial government to provide custodial care for the mentally ill. In 1912 the State of Montana purchased the private sanitarium, which then became known as the State Insane Asylum. Legislative action designated the State Insane Asylum as the Montana State Hospital in 1943. Finally, the 1968 State Legislature gave the institution its present designation: Warm Springs State Hospital.

During the years following the establishment of the State Insane Asylum as a state-supported institution, funds for meeting the emergency needs of the Hospital were appropriated by the State legislature. As new buildings were added to the existing physical facilities,



these buildings were utilized to alleviate overcrowding. Although the rate of hospital admissions continued to increase, few staff positions were available to meet new demands for service and actual staff allotments resulted in diminution of the quantity and quality of service rendered to the individual patient.

In 1965 a three-year Hospital Improvement Project entitled "Development of Intensive Treatment Program" was funded for the Division of Mental Hygiene by the Department of Health, Education, and Welfare. The Hospital Improvement Project funds, which were utilized over a three-year period, directly catalyzed the development of the Warm Springs State Hospital Unit System whereby patients admitted from three geographical areas of Montana are treated by three separate Unit Treatment Teams. The Unit System was accepted as a workable psychiatric treatment modality benefiting the mentally ill citizenry of Montana. The Montana State Legislature appropriated funds for continuing the Unit System after the scheduled termination date for the federally supported Hospital Improvement Project.

Not only is the Division of Mental Hygiene responsible for treatment of patients at Warm Springs, but it is also responsible for the coordinated treatment of patients at four Mental Hygiene Clinics and three Comprehensive Community Mental Health Centers dispersed in various locations in the State. In 1969 over 4,000 patients were served by facilities excluding the Hospital. The influence of any program initiated and implemented at the Hospital would eventually involve these outlying facilities.

ALCOHOLISM SERVICES CENTER  
Warm Springs, Montana

In 1963, through Legislative action, the ALCOHOLISM SERVICES CENTER was established as a separate department of the Warm Springs State Hospital under the supervision of the Superintendent of the Hospital.

The law was revised by the legislature in 1965 and the present law is as follows:

80-2404 Alcoholism Services Center. (1) There is an alcoholism services center at the State Hospital. The admittance and discharge procedures for alcoholics are the same as mentally ill persons.

(2) As used in this section;

(a) "Alcoholism" means a chronic illness or disorder of behavior characterized by repeated drinking of alcoholic beverages to an extent which endangers the drinkers health, interpersonal relations, or economic functioning, or to an extent which endangers the public health, welfare, or safety;

(b) An "alcoholic" is a person suffering from the illness of alcoholism;

(3) The alcoholism services center shall:

(a) Provide custody, care, diagnosis, treatment, and rehabilitation to persons in Montana who seek or are required to seek relief from the illness of alcoholism or the complications thereof;

(b) Consult with, inform, guide, and cooperate with Montana communities and citizens' committees who seek assistance in establishing local alcoholism treatment, rehabilitation, and public information services;

(c) Accumulate and disseminate scientific information on alcoholism to all agencies, groups, and individuals, public or private, who require or seek such services;

(d) Initiate, encourage, and coordinate practical research on alcoholism in Montana aimed at improving treatment, rehabilitation, and prevention techniques or services; and

(e) Enter into cooperative agreement with other state agencies to further the work of the center.



MONTANA ALCOHOLISM SERVICES CENTER

ALCOHOLISM TREATMENT AND REHABILITATION PROGRAM

ADMISSION: as provided by Montana statutes (for residents only)

Voluntary Commitment: An application by the individual concerned and certified to by a licensed physician.

LENGTH OF TREATMENT:

The minimum stay is about six (6) weeks. Excluding the 3 to 7 days required for initial medical care and evaluation, the patient MUST spend at least five (5) full weeks on the Program. Where there are other complications in addition to alcoholism, the patient may not be immediately referred to the AT&R Program, and thus his stay in the Hospital will be longer than six (6) weeks.

CONDITIONS: Patients referred to AT&R Program are domiciled in a large dormitory at Galen and have full freedom of the grounds during the five (5) week Program period. As a general rule, those patients considered to be "security risks" will not be referred to the Program. Such persons will be returned to the agency of jurisdiction at the completion of evaluation and diagnosis.

RELEASE: Voluntary Patients are discharged on their own recognizance at the completion of treatment unless there are detainers from duly constituted authorities.

Involuntary patients are usually released to relatives or other responsible persons on a "convalescent leave" basis at the completion of treatment. Individual circumstances may occasionally call for an outright discharge.

NOTE : As a general rule, alcoholics are not considered long-term custody and care patients and are NOT detained in the Hospital beyond the effective treatment period, regardless of the type of commitment. The primary goal is to return the treated alcoholic patient back to the Community.

COST : According to ability to pay. All patients on AT&R Program will be expected to make some arrangements to pay at least a portion of the cost of treatment. Many good health insurance companies do now recognize and pay for hospitalization for alcoholism.

Admission to the hospital is made by three types of commitment:  
"Emergency, Voluntary, or Involuntary."

Emergency Commitment: This commitment is used when immediate hospitalization is needed and felt necessary by a doctor in any community and when it is not possible at the time to secure a voluntary or involuntary application. This commitment is good for five days, then the patient must sign a voluntary application to stay in the hospital if further treatment is needed and acceptable to the patient.

Voluntary Commitment: Under a law established by Legislative action in 1969, this commitment is good for 60 days and needs only the signature of a qualified doctor.

Involuntary Commitment: Hearing is held in the Court before the District Judge on a complaint filed by a wife, husband, friend or authorities of the community, and if the defendant is found to be incompetent or insane, the individual is committed to the hospital. In many instances, if alcoholism is the primary problem, the defendant is given the opportunity to sign a Voluntary application, consequently we do not have too many alcoholics admitted to the hospital on this type of commitment.

ALCOHOLISM SERVICES CENTER  
ALCOHOL TREATMENT AND REHABILITATION PROGRAM  
MONTHLY REPORT - DECEMBER 1971

	ADMISSIONS	TOTAL 15TH YEAR	TOTAL OCT. 21, 1957 TO DATE
MEN	31	61	3,488
WOMEN	6	13	668
RETURNEES - MEN	6	15	890
" WOMEN	<u>1</u>	<u>4</u>	<u>147</u>
TOTAL	<u>44</u>	<u>93</u>	<u>5,193</u>
-----			
INDIANS	5	23	736
3d TIME ON	2	5	178
4th TIME ON	0	0	30
INTERVIEWS	72	159	5,157 Since 11/64
CLINIC	64	121	4,833
WALK AWAY	3	5	144
DISCHARGES	12	30	477

AVERAGE AGE 42.52

ADMISSION BY TEAMS		A. T. & R. PROGRAM DECEMBER 1971	TOTAL FROM 1966
CENTRAL	26	19	1,000
EASTERN	11	9	700
WESTERN	<u>35</u>	<u>16</u>	<u>922</u>
TOTAL	<u>72</u>	<u>44</u>	<u>2,631</u>

ADMISSIONS BY COUNTY  
CALENDAR YEAR 1971  
WARM SPRINGS STATE HOSPITAL

<u>COUNTY</u>	<u>TOTAL</u>	<u>ALCOHOLISM DIAGNOSIS</u>	<u>COUNTY</u>	<u>TOTAL</u>	<u>ALCOHOLISM DIAGNOSIS</u>
Beaverhead	36	15	McCone	1	1
Big Horn	28	21	Meagher	2	2
Blaine	31	27	Mineral	7	1
Broadwater	5	2	Missoula	80	20
Carbon	14	6	Mussellshell	7	4
Carter	7	1	Park	25	7
Cascade	170	77	Petroleum	1	0
Choteau	5	4	Phillips	6	3
Custer	23	11	Pondera	12	4
Daniels	4	2	Powder River	3	1
Dawson	14	4	Powell	44	15
Deer Lodge	115	46	Prairie	1	1
Fallon	6	4	Ravalli	26	10
Fergus	27	15	Richland	10	4
Flathead	61	17	Roosevelt	40	34
Gallatin	34	16	Rosebud	41	34
Garfield	1	0	Sanders	12	2
Glacier	63	47	Sheridan	6	4
Golden Valley	1	0	Silver Bow	237	84
Granite	3	2	Stillwater	3	0
Hill	31	17	Sweetgrass	4	2
Jefferson	15	5	Teton	5	2
Judith Basin	1	1	Toole	0	1
Lake	41	21	Treasure	6	0
Lewis & Clark	122	63	Valley	11	0
Liberty	2	0	Wheatland	0	5
Lincoln	33	15	Wihaux	4	1
Madison	9	5	Yellowstone	166	49

TOTAL ADMISSIONS 1971 - 1,716

TOTAL ALCOHOLISM DIAGNOSIS - 753

MONTANA DEPARTMENT OF INSTITUTIONS  
EDWIN G. KELLNER, DIRECTOR  
PHONE: 449-2546

Division of Mental Hygiene  
Stanley J. Rogers, M.D.  
Director and Superintendent  
Warm Springs State Hospital  
Phone: 693-2221

Willis Crosswhite, Administrator  
Warm Springs State Hospital

Miguel Gracia, M.D.  
Warm Springs State Hospital Clinical Director and  
Director of the Forensic Unit

Rene Linares, M.D.  
Director of Western Treatment Unit

M. Shamsi, M.D.  
Director of Central Treatment Unit

Harry Xanthopoulos, M.D.  
Director of Eastern Treatment Unit

Alcohol Treatment and Rehabilitation Program  
Edward Gendle, Director  
Alcoholism Services Center  
Phone: 693-2281

Jack Balcombe  
Community Services Consultant

Jim Sriver  
Community Services Consultant

Richard E. Fanestil  
Coordinator of Aftercare and Referrals

## MENTAL HYGIENE CLINICS

Butte Mental Hygiene Clinic  
225 South Idaho Street  
Old St. James Hospital - Room 103  
Butte, Montana 59701  
Rene Linares, M.D., Psychiatrist (Director)  
Phone: 792-5061

Great Falls Mental Hygiene Clinic  
County Convalescent Hospital  
1130 Seventeenth Avenue South  
Great Falls, Montana 59401  
Hamilton C. Pierce, M.D., Psychiatrist (Director)  
Phone: 761-2100

Helena Mental Hygiene Clinic  
1415-17 Helena Avenue  
Helena, Montana 59601  
Francine Larson, M.D., Psychiatrist (Director)  
Phone: 442-0640

## REGIONAL MENTAL HEALTH CENTERS

### Eastern Montana Regional Mental Health Center

The Administrative office of the Eastern Montana Regional Mental Health Center currently is located at Glasgow, Montana. Two satellite offices are located at Glendive and Miles City, Montana. Treatment teams travel throughout Region V.

Glasgow Office serves Phillips, Valley, Roosevelt, Sheridan and Daniels Counties.

Glendive Office serves Dawson, Wibaux, McCone, and Richland Counties.

Miles City Office serves Garfield, Rosebud, Custer, Powder River, Carter, Fallon, and Prairie Counties.

Administrative Office  
502 Second Avenue South  
Glasgow, Montana 59230  
Phone: 228-9340, 228-9349 (Clinic)  
228-8061 (Center)

Region V Clinical Office  
Glendive Medical Center  
Box 715  
Glendive, Montana 59330  
Phone: 365-2922

Executive Building  
Miles City, Montana 59301  
Rod Newman, Program Director  
Phone: 232-1687



South Central Montana Regional Mental Health Center

The Administrative Office is located in Billings, Montana. Satellite offices are located at Columbus, Big Timber, and Roundup, Montana. Additional offices will be set up as staff for the new mental health center are hired.

Billings Office serves Region IV Counties generally.

Columbus Office serves Stillwater County.

Big Timber Office serves Sweet Grass County.

Roundup Office serves Musselshell County.

1245 North 29th Street  
Billings, Montana 59101  
Bryce Hughett, M.D., Center Director  
Phone: 259-2184

P.O. Box 891  
Stillwater Community Hospital  
Columbus, Montana 59019  
Phone: 322-5834

Sweet Grass Community Hospital  
Big Timber, Montana 59011  
Phone: 932-2132

Wall Building  
c/o General Delivery  
Roundup, Montana 59072  
Phone: 323-1142

Western Montana Regional Mental Health Center

The Administrative Office is located in Missoula, Montana. Satellite Offices are located at Kalispell, Ronan, Libby, Thompson Falls, and Hamilton, Montana.

Missoula Office serves Missoula County.

Kalispell Office serves Flathead County.

Ronan Office serves Lake County.

Libby Office serves Lincoln County.

Thompson Falls Office serves Sanders County.

Hamilton Office serves Ravalli County.

2829 Fort Missoula Road  
Missoula, Montana 59801  
G. Clark Anderson, Program Director  
Phone: 543-7023

704 Main Street  
Box 546  
Kalispell, Montana 59901  
Phone: 756-9065

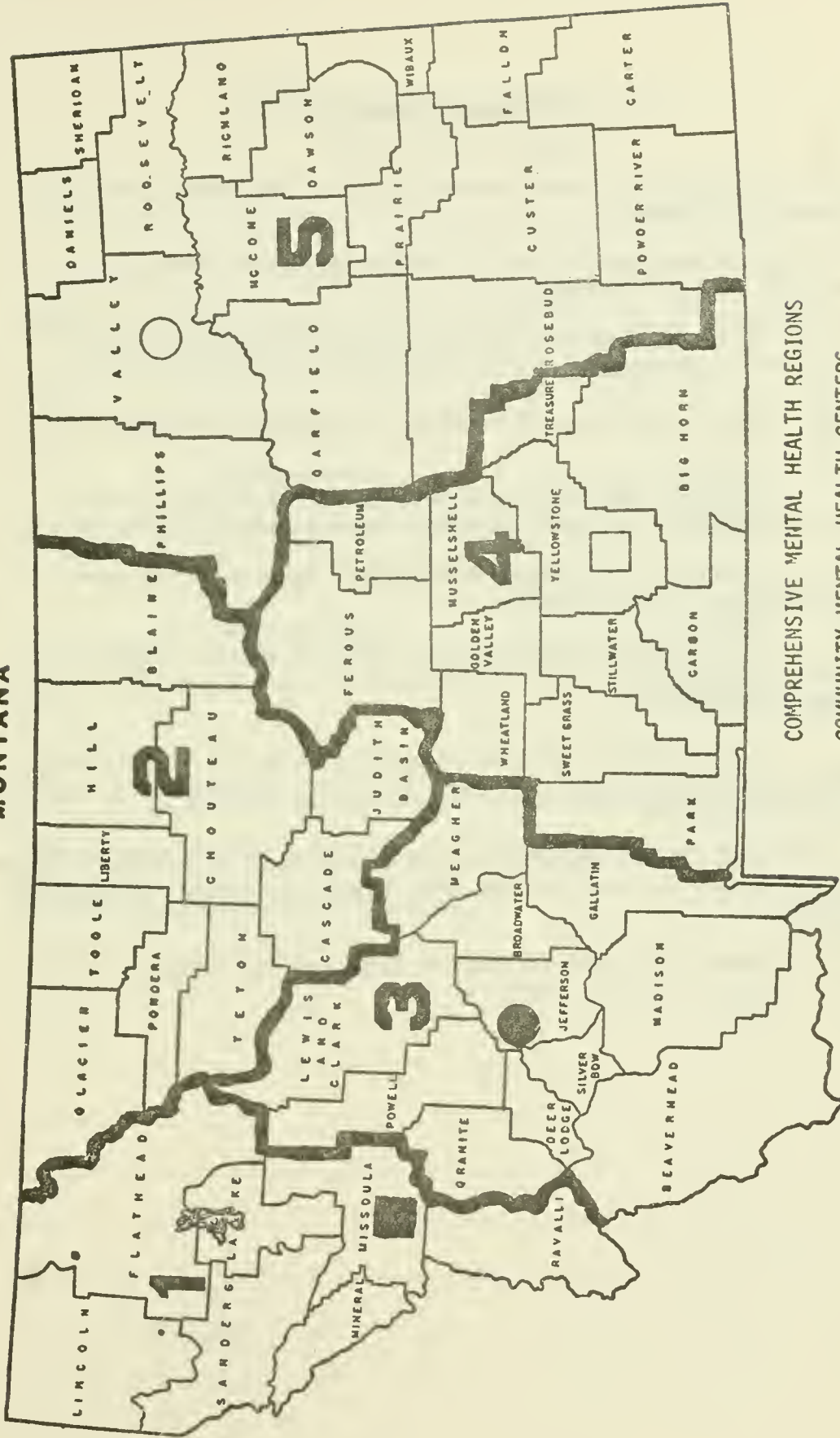
Box 434  
Ronan, Montana 59864  
Phone: 676-8500

321 Mineral Avenue  
Libby, Montana 59923  
Phone: 293-6513

Towne House  
Thompson Falls, Montana 59873  
Phone: 827-3641

186 South Third Street  
Hamilton, Montana 59840  
Phone: 363-1051

# MONTANA



## COMPREHENSIVE MENTAL HEALTH REGIONS

### COMMUNITY MENTAL HEALTH CENTERS

- Eastern Montana Regional Mental Health Center, Glasgow
- Western Montana Regional Mental Health Center, Missoula
- South Central Montana Regional Mental Health Center, Billings
- Warm Springs State Hospital

## ADDITIONAL RESOURCES

Sixty-four general hospitals with 2,222 beds conforming to Federal standards.

Five Psychiatric Units of hospitals with 210 beds conforming to Federal standards.

Seven hundred and twenty-one medical doctors or 105 per 100,000 population.

Source - Montana Planning and Economic Development 1969 Data Book

Veterans Administration Hospital, Fort Harrison, 160 beds, eighty-three per cent occupancy, general medical and surgical.

Veterans Administration Hospital, Miles City, 96 beds, seventy-two per cent occupancy.

U. S. Public Health Service Indian Hospital, Browning, Montana, (Glacier County), 34 beds, 61.8 per cent occupancy, general medical and surgical.

U. S. Public Health Service Indian Hospital, Crow Agency, Montana, (Big Horn County), 34 beds, 64.7 per cent occupancy, general medical and surgical.

U. S. Public Health Service Indian Hospital, Harlem, Montana, (Blaine County), 22 beds, 50 per cent occupancy, general medical and surgical.

Source - Journal of American Hospital Association, Volume 45, #15, August 1, 1971, Part III

## PRIORITIES FOR UTILIZATION OF 1972

### FORMULA GRANT MONEYS

The priorities for utilization of the formula grant moneys available to the State of Montana for fiscal year 1972 as authorized by Public Law 91-616 are as follows:

1. Grants-in-aid	\$ 150,000
2. Survey of need	20,000
3. Training	10,000
4. Administration	20,000
	<hr/>
	\$ 200,000

A further explanation of these priorities for this fiscal year and the utilization of the funds in each category is detailed in the following pages.

## GRANTS IN AID - \$150,000

Numerous Montana groups, concerned with alcohol abuse and alcoholism, have expressed an urgent need for financial assistance to further develop and expand the existing programs and facilities serving the alcoholic and his or her family. The Montana plan will provide for up to three grants in each of five geographical regions commonly identified as Mental Health catchment areas. These grants will be available to existing programs and may be used for program review, refinement, expansion, and in some situations, improvements to the physical facilities in order to meet licensing standards. Funds will also be available for contracts and consultations related to evaluation and measurement of program effectiveness in terms of stated project objectives.

Programs that are or will become an integral part of a comprehensive system of services to the alcohol abuser or alcoholic and the involved family will be given priority. Programs encompassing all or part of a catchment area should show utilization by the existing mental health center or should propose such a working relationship if funded. The concept of continuity of care between separate programs must be maximized in each proposal.

Special consideration will be given to proposals designed to serve minority groups and the public intoxicant. Multiple funding will be encouraged in all proposals to assist with program continuity.



## SURVEY OF NEED - \$20,000

Funds for the specific purpose of data gathering and interpretation of data related to alcohol abuse and alcoholism have not been appropriated. We are keenly aware of the need for a body of base data that will reflect the incidence of alcohol abuse and alcoholism and other primary related problem areas in the State of Montana.

The survey of need is an integral part of our State plan as future planning will be based on the careful interpretation of data to be gathered, both subjective and objective.

Portions of these funds will be utilized to cover expenses incurred for meetings to be held in twelve geographic planning regions designated by Governor Forrest H. Anderson in Executive Order No. 2-71 between agencies and organizations concerned with various components of the alcohol abuse and alcoholism problem. Such conferences would involve the local and State health department staffs; the staff of the State Mental Health Authority; Comprehensive Mental Health boards and staff; Comprehensive Health Planning boards and staff; Governor's Crime Control Commission Regional Advisory Councils; staff of regional and local components of agencies comprising of Social and Rehabilitative Services; community and reservation alcoholism programs; medical and hospital personnel; and other interested and concerned citizens. These meetings would provide for an exchange of information and expression of local and regional priorities for services to alcohol abusers and alcoholics.

Funds from the plan will be used to update existing data collection systems in the State with the necessary assistance that will



produce the data that are needed in the development of comprehensive service programs for alcohol abusers. This would be in contrast to the establishment of a separate and distinct data gathering and storing system.

With the tremendous geographic area of Montana in mind, we find economic justification for utilizing an existing system or systems by making modest modifications in programs that are currently used by law enforcement agencies, the Highway Department, the Department of Public Instruction, the Department of Social and Rehabilitative Services, the Department of Health and Environmental Sciences, and the Department of Institutions, and the Mental Health Authority.

The expenditures for the survey of need would include:

- (a) Hand data searches of existing data banks;
- (b) Contracts for technical assistance;
- (c) Development of information exchanges;
- (d) Purchase of software packages;
- (e) Data analysis and evaluation.

## TRAINING - \$10,000

Although minimally funded in this original plan, training is a high priority for use of State formula grant moneys as well as for project funding. Every effort will be directed at maximizing training of alcoholism counselors, half-way and treatment center workers, and other alcoholism program staff personnel in order to up-grade and professionally qualify such personnel.

Proposals for the planning and development of long term programs of training will be encouraged from State agencies and institutions, universities, and colleges. Applicants desiring long term funding for the operation of such training will be directed to the National Institute on Alcohol Abuse and Alcoholism.

Short term training in recognized programs such as Schools of Alcohol Studies, seminars and training institutes will be given prime consideration for funding. Travel and per diem expenses at prevailing State rates will be paid, as well as registration fees for successful applicants. Applicants for such reimbursement must show acceptance by the particular training program in their application to this Department, and must show that the training is relevant and applicable to their particular work situation.

Grants to pay travel, per diem, and registration fees will be available for attendance at the annual meetings of the Alcohol and Drug Programs Association of North America and the National Council on Alcoholism. Such grants will be for alcoholism program directors, staff, or board members.

ADMINISTRATION - \$20,000

Ten percent of the formula grant allotment is being requested to pay for administration of the State plan. Costs to be covered by this amount of money include:

1. Salary and fringe benefits for Health Educator III, administrative title of Program Representative, who will work full-time on development and administration of the plan;

2. Necessary furniture and equipment not now available to Department to include desk, chair, filing cabinets, electronic calculator, materials and services such as printing, xerox and photo copying, telephone, rent, dictation equipment, expendable and desktop supplies;

3. Portion of salary of Clerk-Stenographer II;

4. Staff travel in administration of State plan;

5. Reference and resource material, library material, and literature;

6. Specific equipment needs will be developed and budgeted;

7. Expenses of Alcoholism Advisory Council, per diem and travel at rates not to exceed those authorized by State statute;

8. Consultation and technical assistance;

9. Membership in Alcohol and Drug Problems Association of North America.

## RESOURCES

The Montana facilities and programs that serve the alcohol abuser, the alcoholic, and the involved family members are widespread in scope, in nature of service, and in geographic location. The range of services include information dissemination, preventive efforts, treatment plans, half-way facilities, and long-range rehabilitation programs. These services, programs, and facilities are located throughout the State with concentrations in the urban areas. These programs serving the alcohol abuser in Montana are funded in a variety of ways. Some are funded by the State, some are funded with Federal moneys, i.e. Office of Economic Opportunity, some by private moneys, i.e. Rimrock Foundation, Billings, some with combinations of funding sources and some with no funding. Little information of an evaluative nature is available regarding the effectiveness of many of these programs. Evaluative data has been requested for this State plan but has not been received. The listing of a resource does not constitute an endorsement of the program or service rendered but merely a mention of its availability to the alcoholics of Montana.

The resources are shown on the maps and in the accompanying material.

ALCOHOLISM PROGRAMS FUNDED BY OFFICE OF ECONOMIC OPPORTUNITY  
By Fiscal Year

	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>Total</u>
Action for Eastern Montana	\$87,000		\$21,750	\$108,750
Blackfeet Tribal CAP	85,489	\$35,489	38,446	159,424
Hill County Community Action	52,712	52,712	13,178	118,602
Ft. Peck Tribal Council	14,600		30,203	44,803
Confederated Salish and Kootenai Tribes, Flathead CAP	30,000		24,999	54,999
Rocky Mtn. Development Council	48,455			48,455
Crow Tribes CAP		35,000	21,796	56,796
Fort Belknap CAP		37,380	40,876	78,256
Rocky Boy CAP		25,340	9,198	34,538
Northern Cheyenne CAP		29,665	38,000	67,665
TOTAL	<u>\$318,256</u>	<u>\$215,586</u>	<u>\$238,446</u>	<u>\$772,288</u>

ALCOHOL ABUSE AND ALCOHOLISM ACTIVITIES  
FUNDED BY THE GOVERNOR'S CRIME CONTROL COMMISSION  
1970 and 1971

Helena (Alcohol and Drug Dependence Commission)	\$15,000 (50% Alcohol)
Helena (Montana Department of Health and Environmental Sciences)	16,269 (50% Alcohol)
Great Falls (Providence Half-way House)	32,387 (Alcohol)
Miles City (Miles City Half-way House)	9,960 (Alcohol)
Yellowstone County (Big Sky Half-way House)	<u>11,375 (Alcohol)</u>
TOTAL	<u>\$84,991</u>

## HALF-WAY HOUSES

Big Sky Half-way House  
332 Grand Avenue  
P. O. Box 645  
Billings, Montana 59103  
Ralph Belobraidic, Director  
Phone: 259-0940

New Directions Half-way House  
225 S. Idaho  
(Old) St. James Hospital  
Butte, Montana 59701  
John Shipman, Director  
Phone: 723-9003

Frontier Half-way House  
204 E. Bannock  
Dillon, Montana 59725  
Mrs. Irene Newlon, Counselor  
Phone: 683-4305

Providence Half-way House  
121 Commercial Avenue  
Great Falls, Montana 59401  
Paul Davis, Jr., Director  
Phone: 452-7465

New Horizon Aftercare Center  
229 E. Sixth Street  
Helena, Montana 59601  
Boyd Andrew, Director  
Phone: 442-8831

New Horizon Treatment Center  
In-patient Treatment Facility  
1101 Missoula Avenue  
Helena, Montana 59601  
Bob Sallgren, Director  
Phone: 442-0790

CAP Opportunity House  
Ronan, Montana 59864  
Dennis Dumont, Coordinator

Northern Montana Council on Alcohol  
and Other Dependent Drugs, Inc.  
Recovery Center  
1020 Assiniboine  
Havre, Montana 59501  
Charles Paulus, Counselor/Coordinator  
Phone: 265-9665

Northwest Montana Alcohol and Drug  
Information Referral Center  
111 1/2 Second Street West  
Kalispell, Montana 59901  
Will Walter, Chairman  
Phone: 752-1595

Miles City Half-way House  
413 1/2 Main Street  
Miles City, Montana 59301  
Don Anderson, Counselor  
Phone: 232-9830

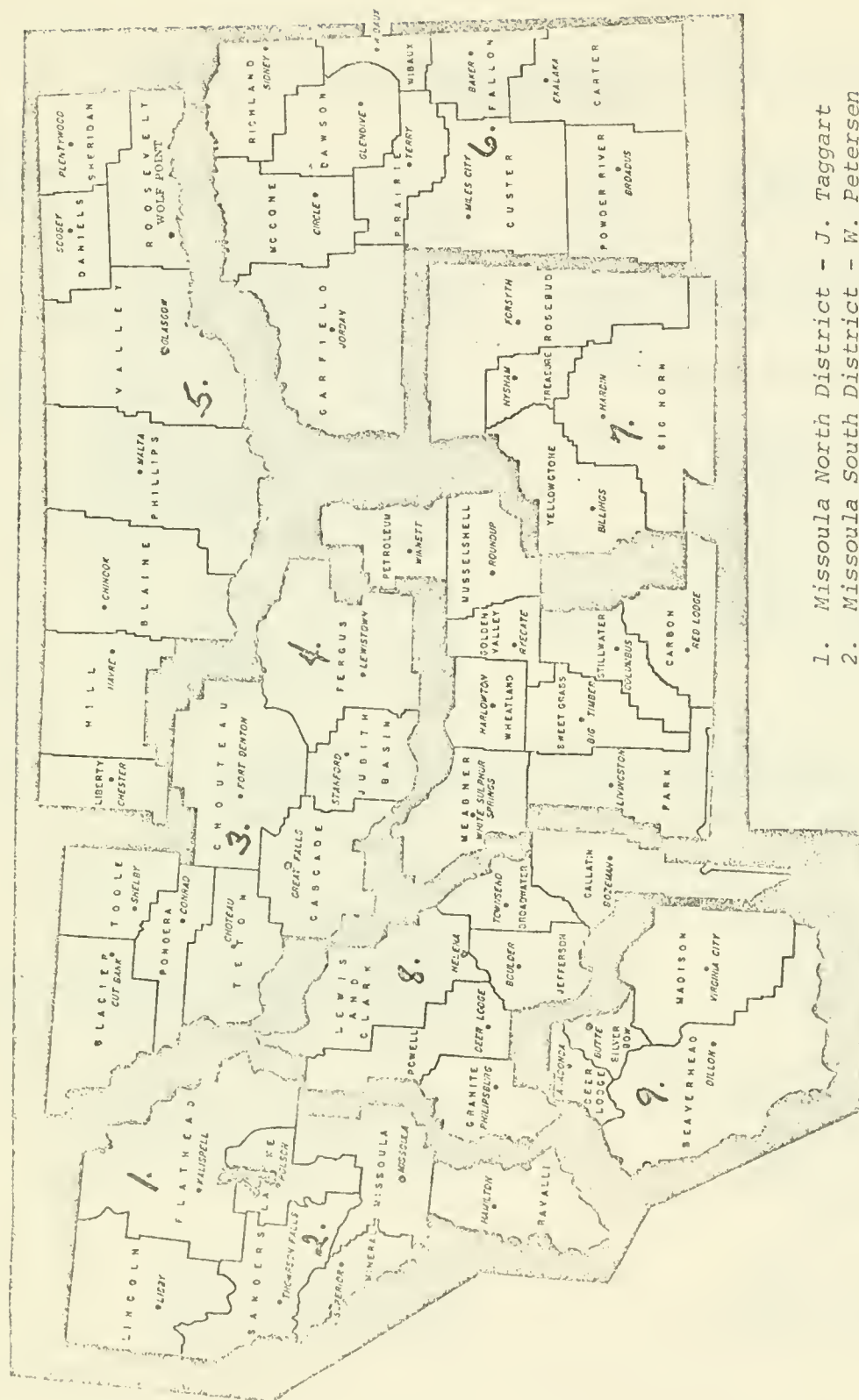
Hi-Line Help Center, Inc.  
224 Fourth Avenue  
Glasgow, Montana 59230  
Herb Sukut, Director  
Phone: 228-9093

Our House  
650 W. Pine  
Missoula, Montana 59801  
Myron J. Mason, Director/Counselor  
Phone: 728-9922

Providence Half-way House Annex  
919 Tenth Avenue Southwest  
Great Falls, Montana 59401  
Cecelia Dolezal, House Manager

CAP Opportunity House  
Poplar, Montana 59255  
Jack Pine, Coordinator

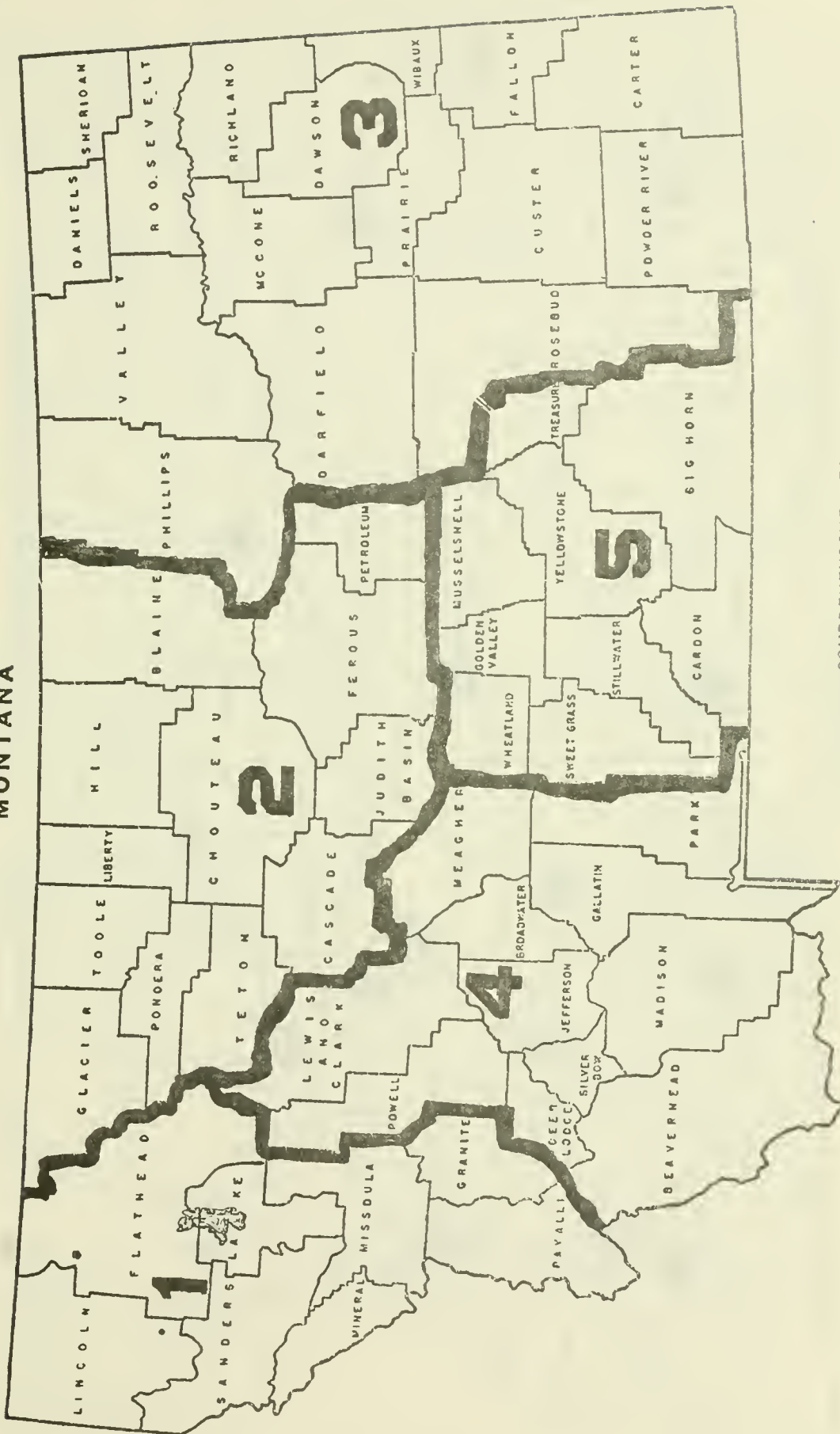




1. Missoula North District - J. Taggart
2. Missoula South District - W. Petersen
3. Great Falls District - J. Murphy
4. Great Falls District - M. Henderson
5. Glasgow District - Gertrude Nessif
6. Miles City District - J. Konecny
7. Billings District - M. Sikkenga
8. Helena District - William Minor
9. Butte District - J. McCormick

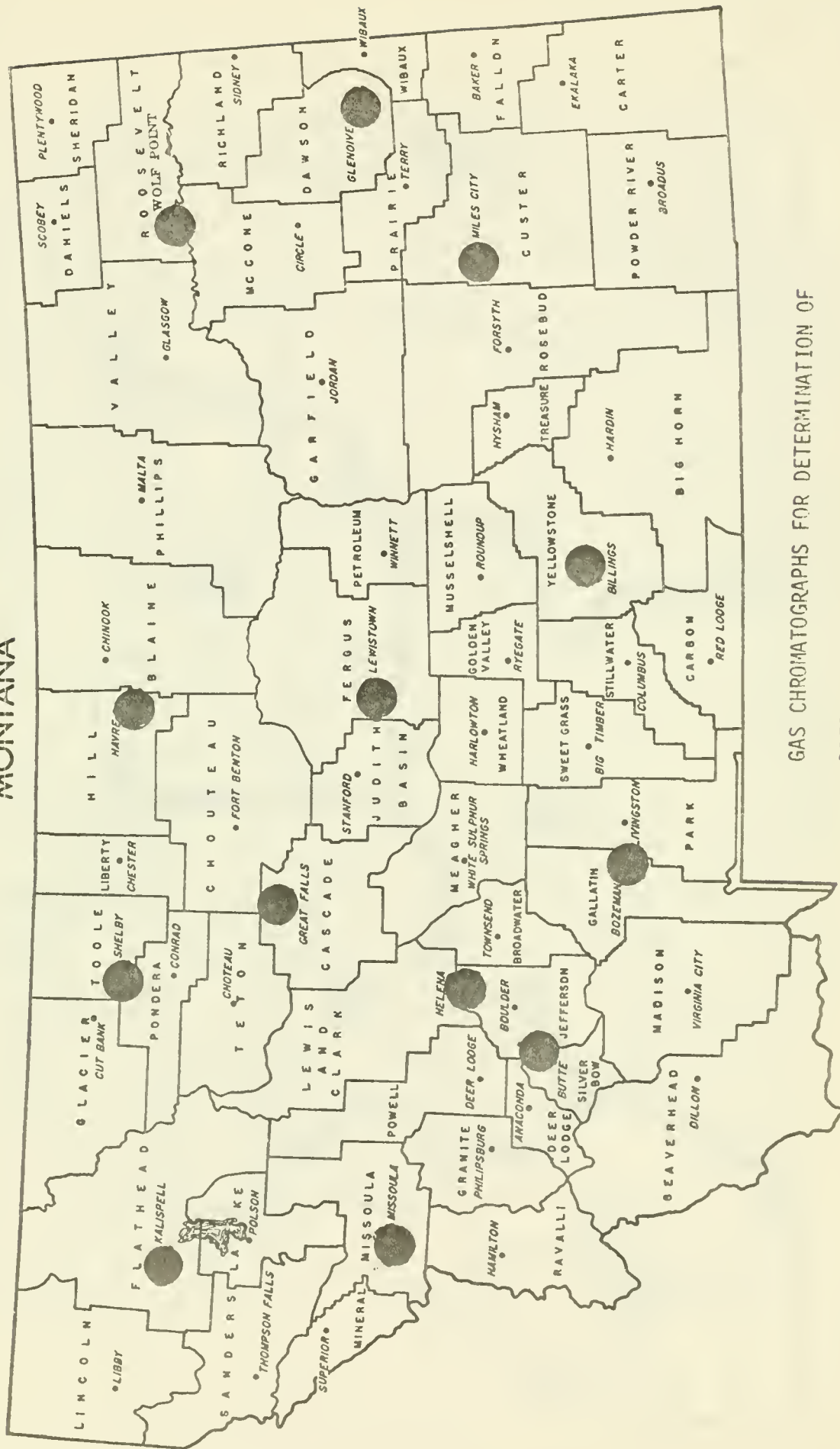


# MONTANA



COMPREHENSIVE HEALTH PLANNING  
DISTRICTS

# MONTANA



GAS CHROMATOGRAPHS FOR DETERMINATION OF

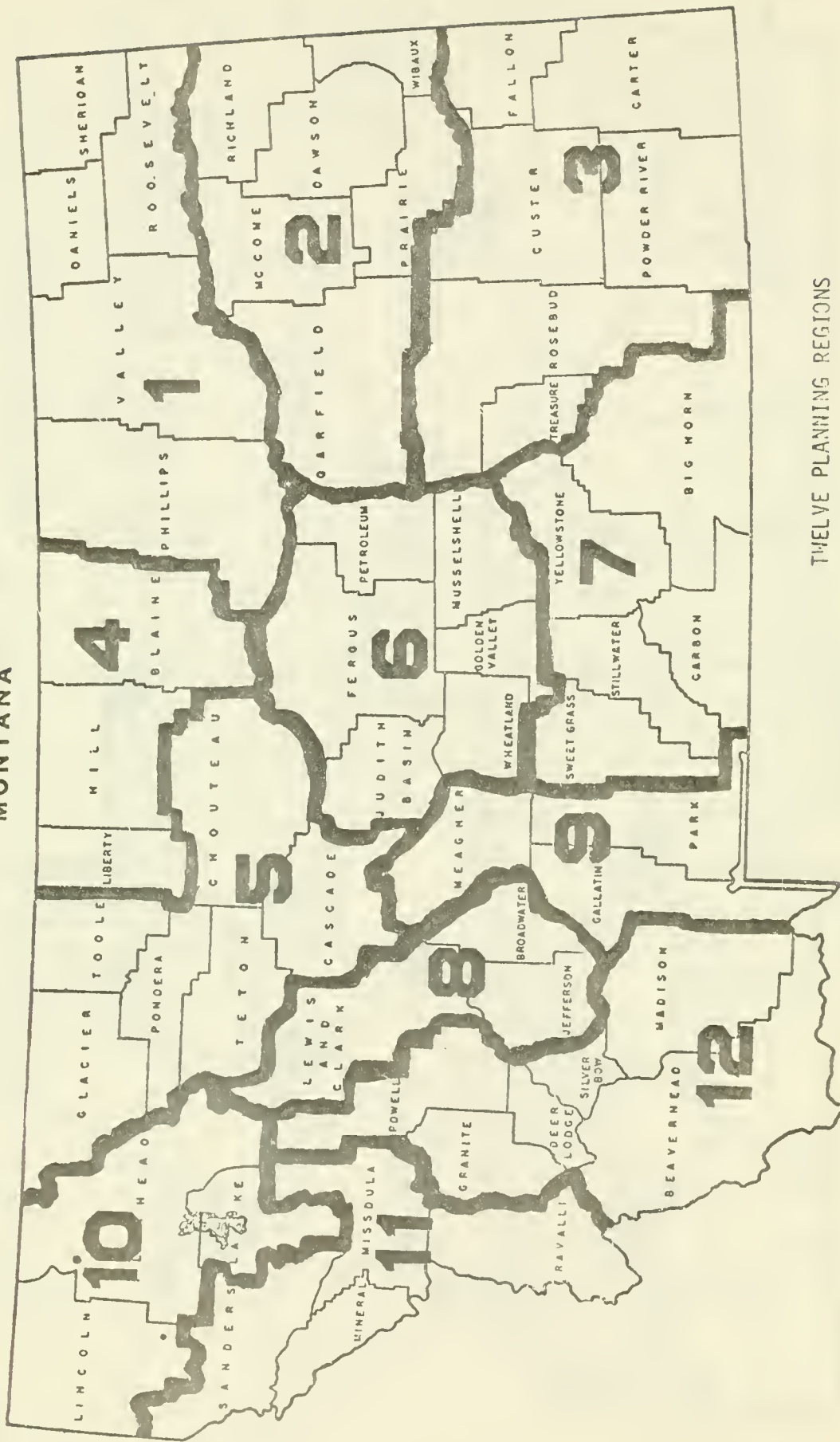
PRESUMPTIVE ALCOHOL LEVEL IN DRINKING DRIVERS

MONTANA

MODEL CITIES AGENCIES

Butte Model Cities

# MONTANA

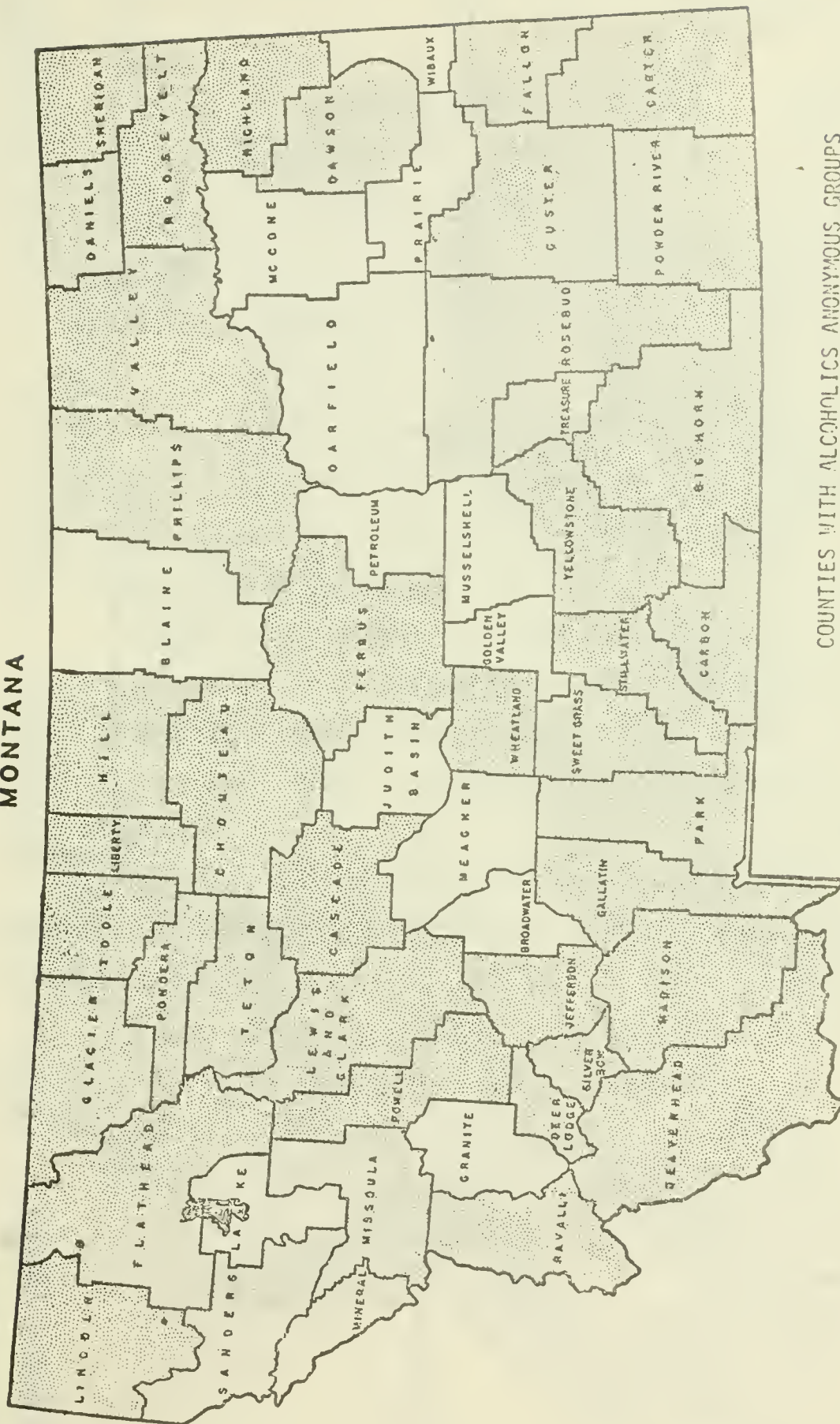


## TWELVE PLANNING REGIONS

as Designated by Governor Forrest H. Anderson  
Executive Order 2-71  
August 24, 1971



# MONTANA



COUNTIES WITH ALCOHOLICS ANONYMOUS GROUPS

61 Groups

Approximately 700 Total Membership





STATE OF MONTANA  
Office of the Governor  
EXECUTIVE ORDER 2-71

Executive Order Establishing Multi-county Districts Within Montana  
for Use in Planning and Administration

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Under the Intergovernmental Cooperation Act of 1968 and pursuant to guidelines and directions published by the U. S. Office of Management and Budget, most States of the United States have been divided into geographical areas or districts;

There are now numerous sets of sub-state district divisions currently in use by State and Federal agencies operating within Montana for purposes of service, administration, planning or data collection, which causes administrative and operational inconsistencies;

A consistent use of districts is needed for gathering, processing, and analyzing informational data and to provide a uniform basis for coordinating major State programs.

A consistent use of districts is also needed for effective coordination of a wide range of federal-aid programs, and to meet the objectives of the Office of Management and Budget, Executive Office of the President, for implementation of federal acts providing State assistance in planning, housing, education, welfare,

community development, environmental protection, and other fields;

Official designation and use of a common set of State geographic districts will facilitate planning and program coordination, administration, and delivery of services by all levels of government within the State to better meet public needs:

THEREFORE, I, FORREST H. ANDERSON, Governor of the State of Montana, by virtue of the authority vested in me do hereby establish Multi-county Districts for planning and administration in the State of Montana as follows:

- District 1: Daniels, Phillips, Roosevelt, Sheridan, Valley Counties.
- District 2: Dawson, Garfield, McCone, Prairie, Richland, Wibaux Counties.
- District 3: Carter, Custer, Fallon, Powder River, Rosebud, Treasure Counties.
- District 4: Blaine, Hill, Liberty Counties.
- District 5: Cascade, Chouteau, Glacier, Pondera, Teton, Toole Counties.
- District 6: Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, Wheatland Counties.
- District 7: Big Horn, Carbon, Stillwater, Sweet Grass, Yellowstone Counties.
- District 8: Broadwater, Jefferson, Lewis and Clark Counties.
- District 9: Gallatin, Meagher, Park Counties.
- District 10: Flathead, Lake, Lincoln Counties.
- District 11: Mineral, Missoula, Ravalli, Sanders Counties.
- District 12: Beaverhead, Deer Lodge, Granite, Madison, Powell, Silver Bow Counties.

Unless granted an exception by the Office of the Governor, all state agencies, departments, boards, commissions, divisions, bureaus, offices and other state governmental entities are directed to comply with the districting designated by this Order in planning and administration of programs.

GIVEN under my hand and the GREAT SEAL of the State of Montana this Twenty-fourth day of August, in the year of our LORD, One Thousand, Nine Hundred and Seventy-one.

\_\_\_\_\_  
FORREST H. ANDERSON, Governor

ATTEST:

\_\_\_\_\_  
Secretary of State

## ASSURANCES

MAINTENANCE OF EFFORT. The State of Montana hereby provides assurance that Federal funds will not supplant non-Federal funds that may be otherwise available for provision of the services and carrying out the activities under this plan. Such funds will, to the extent practical, be used to increase the level of funds otherwise available for such services and activities.

MERIT SYSTEM. The Montana Department of Health and Environmental Sciences is a participating agency in the Montana State Merit System Plan. This Plan is developed and administered in accordance with "Standards for a Personnel Merit System", 45 EPR, Part 70.

NONDISCRIMINATION. All services provided under this State plan will be made available without discrimination on account of race, creed, color, sex, marital status, or duration of residence.

The Department of Health and Environmental Sciences and any other agency, organization, or institution carrying out any authority under the State plan shall not discriminate in any way against any employee with respect to compensation, terms, conditions, or privileges of employment solely because of race, color, creed, sex, or national origin, nor shall they refuse employment to any qualified applicant for a position solely on the basis of the fact that he or she had or

has not had a problem of alcohol abuse or alcoholism.

No formula grant funds will be awarded to public or private general hospitals which have received Federal funds for alcoholic treatment programs and which refuse admission and treatment to alcoholic persons solely on the basis of their alcoholism.

ACCESSIBILITY. All the services provided under this plan will be so publicized as to be generally known to the population to be served, and will be available and responsive to the needs of those to be served, and will be so located as to be readily accessible to the population to be served.

SUBMISSION, REVIEW, AND APPROVAL OF THE STATE PLAN. The State plan will be reviewed and updated or revised as necessary, at least annually. The Plan will be modified during the year if such modification is deemed necessary, and also as new or revised data or information is available, any revisions or updating will be subject to the same review procedure as the plan itself.

In years subsequent to this original submission, the procedure to be followed in the submission and review of the plan will be as follows:

As soon as possible following submission of the plan for fiscal year 1972, staff revision and updating of the document will begin. The plan for fiscal year 1973 will be developed and prepared for review by the Advisory Council as early in the fiscal year as is

practical.

Following Council review and comments, the documents will be made available for public review and comment at the Executive Office of the Department of Health and Environmental Sciences, Coqswell Building, Helena, Montana, as well as the office of the Alcohol and Drug Dependence Bureau of the Department. Such availability will be announced through a description of the plan and a notice of its availability, which will be published 30 days prior to submission for approval.

Following this 30 day review period, copies will be submitted to the Office of the Governor and to the State Department of Planning and Economic Development for their review and comments relative to the relationship of this plan or any modification of the plan to comprehensive and other State plans and programs and will provide the Department of Health, Education, and Welfare with their comments. The Department of Planning and Economic Development is the State Clearinghouse as required by Part III of the revised Office of Management and Budget Circular A-95. Forty-five days will be allocated for such review, and any comments or statements that there are no comments will be submitted with the plan.

Submission of the plan will be by registered mail to the National Institute on Alcohol Abuse and Alcoholism of the Department of Health, Education, and Welfare in such numbers of copies as they may require. Copies of the plan will also be submitted to the Regional



Office of the Department of Health, Education, and Welfare in Denver.

ACCOUNTING PROCEDURES. Accounting procedures necessary to assure proper disbursement of and accounting for funds paid to the State under this formula grant program have been established by the Central Services Division of the Department. Funds allocated to Montana in the Alcohol formula grant program under Public Law 91-616 will be clearly delineated from those obtained under other Federal formula or project grant programs. To this point, the budget number for this program has been established as 0456, Alcoholism Grant Program, for fiscal control purposes.

All records will be kept for such periods of time as deemed necessary for completion of Federal Audit as specified in the Guidelines for the Formula Grant Program under Public Law 91-616.

Fiscal records relative to the use of funds made available under Public Law 91-616 shall be made available to inspection and fiscal audit at reasonable times by persons designated by the Secretary.

REPORTS. Annual progress and expenditure reports shall be submitted as may be required, to the Associate Regional Health Director, Department of Health, Education, and Welfare, Region VIII, Denver, with a copy to the Director of the National Institute on Alcohol Abuse and Alcoholism.

APPLICATION, REVIEW, AND FUNDING PROCEDURES FOR FUNDS  
TO BE MADE FROM THE FORMULA GRANT

All agencies in the State providing services for the alcohol abuser, the alcoholic, and their families will be encouraged to submit applications for funding of programs within the priorities established in this plan. Application will be made in a format to be developed by this agency and made available upon request to the applicant. Such application will be specific in requesting funding from formula grant moneys.

Applicant agencies or programs will be required to provide the following information:

1. Agency identification including name of the agency, name of the director or responsible individual, address and telephone number.
2. A brief statement of purpose and the objectives of the project for which funding is requested.
3. A line-item budget for the proposal. Applicant will be required to record all sources of program moneys although a match situation is not required for these formula funds.
4. A brief narrative description of the proposed activity showing its correlation or coordination with other alcoholism programs and activities in that community or region. If there are affiliative or cooperative arrangements, they should be specifically outlined. A

description of evaluative methods to be applied will also be required.

Upon receipt of the application in the office of the Alcohol and Drug Dependence Bureau, the application will be given an identification number. Following a brief staff review, those proposals or applications not meeting minimal requirements or criteria as specified in this plan will be returned to the applicant for further information and re-submission.

Those proposals that staff feel have satisfied basic informational requirements will then be scheduled for Advisory Council review. Two review committees will be utilized, consisting of two or three Advisory Council members and staffed by the Bureau. There will be a review committee developed for each of the two congressional districts in the State and each committee will review those applications from their portion of the State.

If the review committee feels that further information is necessary, this will be done through either a site visit or requesting the applicant to meet with the review committee.

If the action of the review committee is favorable, such recommendation will be made to the Department, and a contract will be negotiated with the applicant agency for the formula grant funds. Such contractual agreements between the Department of Health and Environmental Sciences and the applicant agency will be in the general format currently utilized by the Department for subgrants and grants-in-aid to local agencies. After the contract has been negotiated and

has been signed by the parties involved, a State warrant will be drawn and awarded.

Should the review of the proposal not be favorable, then two alternatives will be open to the applicant. One would be to re-submit the proposal including recommendations made by the review committee, and second, to appeal the decision of the review committee to the Director for his action.

All applicants for moneys available under the formula grant program will be required to provide the usual assurances of non-discrimination, evidence of maintenance of effort and broad-based community support, and others such as acceptable accounting and fiscal procedures. etc. Reports will be required at specific intervals and in a form to be developed.

## STANDARDS AND EVALUATION

Licensing Law and Regulations for Mental Health and Mental Retardation Institutions and Related Facilities requires that certain health and health-related facilities be licensed by the Department. The regulations apply to community mental health centers, mental hygiene clinics, psychiatric units of general hospitals, public psychiatric hospitals, alcohol and/or narcotic treatment facilities, public mental retardation hospitals and/or schools, diagnostic and evaluation clinics, day facilities, residential facilities, and half-way houses or group home facilities.

Alcohol and/or narcotic treatment facilities must offer five basic services. According to the regulations, they are:

1. Inpatient service.
2. Outpatient service.
3. Partial hospitalization services such as day care, night care, week-end care.
4. Emergency services twenty-four (24) hours per day must be made available within at least one of the first three (3) services listed above.
5. Consultation and education services available to community agencies and professional personnel.

In addition to the above, the following are recommended:

6. Diagnostic services.
7. Rehabilitative services including vocational and educational programs.
8. Pre-care and after-care services in the community including foster-home placement, home visiting, and half-way houses.

#### 9. Research and evaluation.

The above services may be offered by one agency in one building, or by several agencies in several buildings, and by contract or written agreement with local hospitals, clinics, educational institutions, and like agencies.

Half-way houses are also defined as providing housing, counseling, and group-activity services for individuals capable of self care. The major function of such facility is to provide as much independence in living as can be maintained and which will assist the individual in his transition from institutional to community life.

The regulations are outlined by physical plant and program requirements, as applicable to the particular facility or program. Specific physical plant standards for half-way houses were adopted by the State Board of Health and Environmental Sciences at its meeting on March 24, 1972 (attached). A survey of such facilities by the Hospital and Medical Facilities Division of the Department show that none of the facilities currently operating meet minimal fire, life, or safety standards. The Board authorized the issuance of provisional licenses, to be issued following a complete inspection of each facility. The provisional licenses are to be issued for one year with a letter of deficiencies to be sent to the operator of the facility. The Licensing and Certification Bureau of the Division will then re-survey each facility within the year to note correction



deficiencies.

Specific program standards will be developed for alcohol abuse and alcoholism related facilities. It is anticipated that such program evaluation and review will also be done on an annual basis, and at the same time as the physical plant review. Staff of the Alcohol and Drug Dependence Bureau will participate in this review.

There has also been considerable discussion among program personnel in the field of alcoholism in Montana that personnel standards be developed. Uniform job descriptions, training requirements, and some type of certification is felt to be necessary. Such certifications and standards will be investigated.

The development of standards for alcohol abuse and alcoholism programs and facilities is intended to provide for the best possible facilities and programs, realizing that continual change will be taking place in both areas. It is the intent of this Department to provide for maximum degree of technical assistance and consultation to those programs currently operating or proposed. The full resources of the Department are available for this purpose.

Standards to be developed will result in more effective, high quality programs and will allow for ease for monitoring. Standards will be realistic and attainable and also specific and clear.

## UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

The State of Montana has not implemented the Uniform Alcoholism and Intoxication Treatment Act, drafted by the National Conference of Commissioners of Uniform State Laws. A number of persons in the State are interested in its enactment, and an effort will be made toward the introduction of such legislation before the State legislature. A comprehensive educational program will need to be developed toward this end as well.

## ALCOHOL AND HIGHWAY SAFETY

Montana does not have an Alcohol Safety Action Project area (ASAP). Application was made for such a project by the Office of Highway Safety, but was not funded.

Through information provided by Mr. Albert Goke, Director of the Montana Office of Highway Safety, 227 West Lyndale, Helena, Montana (449-3412), the Office of Highway Traffic Safety, through funds provided by the National Highway Traffic Safety Administration has been particularly active in an alcohol program in F/Y 1972. Highway Safety efforts are largely related to two specific areas-- enforcement and driver improvement.

As it relates to enforcement, two persons have been funded in the Department of Health and Environmental Sciences to assist in

establishing a statewide alcohol testing system. This program included the purchasing of special equipment for law enforcement officers. The implied consent law which passed in the 1971 legislative session made this enforcement program a practical and necessary first step. They have also conducted a program to determine the incidence of drug usage by fatally injured drivers in auto crashes. Total funds committed are approximately \$100,000.

They have become closely involved in two driver improvement schools connected with the court system. Full evaluations concerning repeat offenses, etc. is continuing. Total fund involvement is approximately \$6,000.

In addition to the above stated activities, the Office of Highway Safety will be conducting a public information program concerning alcohol and highway safety beginning in F/Y 1972. Total funds involved are approximately \$16,500.

Mr. Goke feels that from a program funding basis, highway safety activities can be effective in meeting the problem of alcohol involvement by the so-called "social drinker." Certainly, the most important area requiring involvement with others is developing a statewide program to meet the need of the "alcoholic." A true alcoholic who enters the system by means of the driving offense is a very real area of need. They are largely not identified because of the inabilities of law, of the courts themselves, and because of

nearly total lack of pre-sentence investigation within the State.

All of the above stated activities shall be continued during F/Y 1973. Further activities shall include an increase in pre-sentence investigation involving traffic offenses. Of particular interest to his office would be a program in a given locality whereby highway safety funds could be used to increase selective enforcement, and pre-sentence investigation with other earmarked funds from some source other than highway safety to tie in counseling and the rehabilitative process regarding identified "problem drinkers."

A D D E N D A

AGENCY - Montana Department of Health and Environmental Sciences  
 Coqsweil Building, Helena, Montana 59601  
 John S. Anderson, M.D., M.P.H., Director

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
Alcohol and Drug Dependence Bureau Robert L. Solomon, Chief Helena, Montana 59601 Phone: 449-3176	FY 1970 - \$12,000 (State) 1971 - 12,000 (State) 15,000 (GCCC - LEAA) 1972 - 25,049 (State) 16,269 (GCCC - LEAA) 1973 - 26,758 (State) (All of the above are both alcohol and drug moneys: 50% alcohol - 50% drug).	Coordination and promotion of alcohol and drug dependence programming; prevention, treatment, rehabilitation, education, research, planning, technical assistance, Grant review.
Laboratories Division David Lackman, Ph.D., Administrator Phone: 449-2642	1972 - 76,737 (DOT) 1973 - 40,354 (DOT)	Alcohol and drug detection program for operators of motor vehicles on the public highways of Montana.
Health Education Bureau Mrs. Maxine Homer, Chief Phone: 449-3444		Film library, educational and source materials.



AGENCY - Division of Mental Hygiene  
Stanley J. Rogers, M.D., Director and Superintendent  
Warm Springs State Hospital, Warm Springs, Montana 59756 (phone) 693-2221

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
<p>Warm Springs State Hospital  Miquel Gracia, Clinical Director</p> <p>Alcohol Treatment and Rehabilitation  Program  Alcoholism Services Center  Galen, Montana  Edward Gendle, Director</p>	<p>FY 71      \$85,270.73 (State)</p>	<p>Acute Detoxification  Medical and Psychiatric  evaluation</p> <p>Inpatient treatment, counseling,  and rehabilitation  Public and professional informa-  tion  Community consultation  Alcoholism Counselor training</p>

AGENCY - Cascade Council on Alcoholism  
Great Falls, Montana  
c/o William Coder, Strain Building, Great Falls, Montana 59401

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
Providence Half-way House 121 Commercial Avenue Great Falls, Montana 59401 Paul Davis, Jr., Director Phone: 452-7465	Governor's Crime Control Commission \$32,387.00 Private funds	Residential treatment, counseling, men and women, ex-felons
Providence Half-way House - annex 919 Tenth Avenue S.W. Great Falls, Montana 59401 Cecelia Dolezal, House Manager	Cascade Council on Alcoholism Vocational Rehabilitation	

AGENCY - Yellowstone Council on Alcoholism, Inc.

H. J. VanOrnum, President, Board of Directors

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
<p>Big Sky Half-way House 332 Grand Avenue P. O. Box 645 Billings, Montana 59103 Ralph Belobraidic, Director Phone: 259-0940</p>	<p>Governor's Crime Control Commission \$11,375.00  Vocational Rehabilitation  Client payments  Private donations</p>	<p>Aftercare, including parolees counseling</p>

Our House  
650 W. Pine, Missoula, Montana 59801  
Myron J. Mason, Director/Counselor (phone) 728-9922

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY

AGENCY - Montana Community Alcoholism Association  
P. O. Box 683, Helena, Montana 59601  
Dan Howe, Spokesman (phone) 442-8831

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
		Association of Community Action Programs and half-way house

AGENCY - Hi-Line Health Center, Inc.  
224 Fourth Avenue, Glasgow, Montana 59230  
Herb Sukut, Director (phone) 228-9093

COMPONENTS

SOURCE OF FUNDS

Local money

PROGRAM ACTIVITY

Half-way House  
Counseling  
Aftercare



AGENCY - Northwest Montana Alcohol and Drug Information Referral Center  
111 1/2 Second Street West, Kalispell, Montana 59901  
Will Walter, Chairman (phone) 752-1595

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
	Vocational Rehabilitation Welfare Client payments Local donations - time and money	Information and referral service Half-way House

AGENCY - Frontier Half-way House  
204 E. Bannock, Dillon, Montana 59725  
Mrs. Irene Newton, Counselor (phone) 683-4305

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
	Private funds Client payments County Local charity	Short term aftercare - residential counseling - public information

AGENCY - Miles City Half-way House  
413 Main Street  
Miles City, Montana 59301  
Don Anderson, Counselor (phone) 232-9830

COMPONENTS

SOURCE OF FUNDS

PROGRAM ACTIVITY

Governor's Crime Control Commission  
\$9,960.00

Half-way house -  
aftercare  
counseling

AGENCY - Alcoholism and Drug Association of Helena, Inc.  
 215 N. Ewing, Helena, Montana 59601  
 Dan Howe, Executive Director (phone) 442-8831

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
<p>Alcoholism Information and Referral Center            206 N. Ewing            Helena, Montana 59601            Phone: 442-8831</p> <p>New Horizons Aftercare Center            229 E. Sixth Street            Helena, Montana 59601            Boyd Andrew, Director            Phone: 442-8831</p> <p>New Horizons Treatment Center            1101 Missoula Avenue            Helena, Montana 59601            Bob Sallgren, Director            Phone: 442-0790</p>	<p>Health Services Mental Health Administration (HSMHA)            \$54,000 terminates 8/31/72</p> <p>Model Cities \$24,000 ('71-'72)</p> <p>Vocational Rehabilitation -            \$10,000 to \$15,000 per year</p> <p>Patient payments - \$4,000 to \$6,000 per year</p> <p>Future funding NIMH grant for eight years with \$126,000 for first year</p>	<p>Information and referral -            public information - education</p> <p>Half-way House counseling</p> <p>Detoxification in affiliated hospital</p> <p>In-patient treatment facility</p> <p>Twenty-one day treatment program</p>

AGENCY - Western Montana Council on Alcoholism and Other Drug Dependence, Inc.  
508 Toole, Missoula, Montana 59801  
Jim Parker, President (phone) 728-3710

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
	OEO United Fund	

AGENCY - Action for Eastern Montana  
 Alcohol and Drug Dependence Program, Box 381, Glendive, Montana 59330  
 Jack Hayes, Director (phone) 365-4100

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
<p>Box 889            Glasgow, Montana 59230            Herb Sukut, Counselor</p> <p>Dilworth and Ames            Glendive, Montana 59330</p> <p>810 1/2 Main St.            Miles City, Montana 59301            Don Anderson, Counselor</p> <p>Wolf Point, Montana 59201            Dennis Latka, Counselor            Phone: 653-1820</p>	<p>OE0 - \$21,750 FY 72            87,000 FY 70</p>	<p>Operates two half-way houses            counseling            public information            proposes three new half-way houses            Technical assistance            Program consultation</p>



AGENCY -

CODAC (Community Organization for Drug Abuse Control)  
P. O. Box 213, Billings, Montana 59101  
Robert Burnes, Coordinator (phone) 252-2454

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
	Law Enforcement Assistance Administration  Major Cities Grant	Public information  Coordinating, planning, and clearinghouse for all aspects of drug dependence including alcohol abuse

AGENCY - Rimrock Foundation  
Suite 201, 804 North 29th Street, Billings, Montana 59101  
(phone) 252-2542

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
	Private, family funds	Out-patient counseling Referral Public Information Individual counseling Group therapy Employment counseling Marriage counseling

AGENCY - Community Health Services for Alcoholism  
603 W. Porphyry, Butte, Montana 59701  
Sister Raphaela Currie, Chairman of the Board

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
Alpha Center St. James Community Hospital 400 S. Clark St. Butte, Montana 59701  New Directions Half-way House 225 S. Idaho (01d) St. James Hospital Butte, Montana 59701	Private  St. James Hospital  Potential for Model Cities in the future	Detoxification - Counseling Aftercare

AGENCY - Northern Cheyenne Alcoholism Program  
 P. O. Box 173, Lame Deer, Montana 59043  
 Sylvester Knows His Gun, Sr., Alcoholism Counselor (phone) 477-6377

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
	Funded - C.A.P.	
	FY 71 \$29,665	Counseling
	FY 72 38,000	Information
		Referral

AGENCY - Fort Peck Tribal Alcoholism Program  
 Box 1027, Poplar, Montana 59255  
 Jack Pipe, Alcoholism Counselor (phone) 768-3852

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
	Funded - C.A.P.	
	Fy 70 \$14,600	Counseling
	Fy 72 30,203	Information
		Referral
		Half-way House

AGENCY - Fort Belknap Tribal Alcoholism Program  
Harlem, Montana 59526  
Mrs. Caroline M. Kelley, Director (phone) 353-2731

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
	Funded - C.A.P.	Counseling
	FY 71 \$37,380	Information
	FY 72 40,876	Referral



AGENCY - Crow Tribal Alcoholism Program  
Crow Agency, Montana 59022  
(phone) 683-2254

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
	Funded - C.A.P. FY 71 \$35,000 FY 72 21,796	Counseling Information Referral

AGENCY - Blackfeet Tribal Alcoholism Program  
 Browning, Montana 59417  
 Thomas Gallineaux, Alcoholism Counselor (phone) 338-7178

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
	Funded - C.A.P.  FY 70 \$85,489 FY 71 35,489 FY 72 38,446	Counseling  Information  Referral

AGENCY - Flathead Tribal Alcoholism Program  
Dixon, Montana 59831  
Dennis A. Dumont, Alcoholism Counselor/Coordinator

(phone) 644-2374

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
	Funded - C.A.P.	
	FY 70 \$30,000	Counseling
	FY 72 24,999	Information
		Referral
		Half-way House

AGENCY -

Rocky Boy Tribal Alcoholism Program  
Rocky Boy Route, Box Elder, Montana 59521  
Henry Sutherland, Alcoholism Counselor (phone) 395-2596

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
	<p>Funded - C.A.P.</p> <p>FY 71      \$25,340</p> <p>FY 72      9,198</p>	<p>Counseling</p> <p>Information</p> <p>Referral</p>

AGENCY - Northern Montana Council on Alcohol and Other Dependent Drugs, Inc.  
Recovery Center  
1020 Assiniboine, Havre, Montana 59501  
Charles Paulus, Counselor/Coordinator (phone) 265-9665

COMPONENTS

SOURCE OF FUNDS

PROGRAM ACTIVITY

Hill County - OEO  
FY 70 \$52,712  
FY 71 52,712  
FY 72 13,178

Emergency Employment Act

District Court Budget

Vocational Rehabilitation

Twenty-four hour information center

Recover Center with in-and-out client counseling

AGENCY -

North American Indian Alliance  
72 East Park, Butte, Montana 59701  
Ozzie Williamson, Alcoholism Counselor (phone) 723-8209

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY



AGENCY - Montana United Alliance of American Indians  
Helena, Montana 59601  
Ed Belqard, Alcoholism Counselor (phone) 442-8831

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY

AGENCY -

Montana-Wyoming Indian Commission on Alcohol and Drugs  
c/o Rocky Mountain College, Billings, Montana 59101  
Melvin Eagleman, Chairman (phone) 245-6151

COMPONENTS	SOURCE OF FUNDS	PROGRAM ACTIVITY
		<p>Compilation of data, identifying the needs, priorities, and current status of programs concerning Indian alcoholism and drug abuse within the State;</p> <p>Assistance to Indian communities for the planning, development, and funding of Indian alcoholism and drug abuse programs on the local levels.</p>

LICENSING LAW AND REGULATIONS FOR HALF-WAY HOUSES

Adopted by:  
Montana State Board of Health  
and Environmental Sciences  
on March 24, 1972

Montana State Department of Health and Environmental Sciences  
Helena, Montana

DEFINITIONS

9. "After-Care" means community services for the mentally ill and mentally retarded in licensed Long-Term Care Facilities, Half-Way Houses, Sheltered Workshops, and includes home placement and home visiting.

12. "Alcoholism Treatment Center" means a facility especially staffed and equipped to provide the following: diagnosis, detoxification, treatment, prevention, and rehabilitation of individuals suffering from alcoholism.

13. "Narcotic Treatment Center" means a facility especially staffed and equipped to provide the following: diagnosis, treatment, detoxification, prevention, and rehabilitation of individuals suffering from narcotic or drug addiction.

## LICENSING LAW AND REGULATIONS FOR HALF-WAY HOUSES

## BUILDINGS AND GROUNDS - EXISTING HALF-WAY HOUSES

Section A. Location

1. Every half-way house located within the corporate limits of a municipality shall comply with all local ordinances.
2. Every half-way house located outside the corporate limits of a municipality shall have fire and police protection.

Section B. Building - General

Every existing half-way house shall meet the following requirements:

1. Be structurally sound, clean, sanitary, and in good repair.
2. Floors and base of the following areas shall have smooth, easily cleaned, moisture resistant, resilient flooring or ceramic flooring: toilets, baths, janitor closets, dining rooms, recreation and resident rooms. Carpeting may be installed at the discretion of the operator.
3. Walls and ceilings shall be kept in good repair, free from cracks or holes and be of a type of finish that can be satisfactorily cleaned.
4. All windows shall be in good repair, fit snugly and open and close easily.
5. A centralized heating system shall be provided capable of maintaining a minimum temperature of seventy-eight degrees Fahrenheit (78° F.) in all occupied areas when the outside temperature is a minus twenty degrees Fahrenheit (-20° F.).
6. Existing space heaters may be used if vented from the outside and if approved as to type and installation by the State Fire Marshal or the local fire official. Unvented gas heaters and space heaters using room air for combustion shall not be permitted.
7. Protection from open flames and hot surfaces shall be provided.
8. All stairways and ramps shall be provided with sturdy handrails on one side for their full length. All stairways shall be provided with non-skid tread.
9. Every half-way house and every part thereof shall be kept clean, free of accumulations, dirt, trash, rubbish, garbage, and shall be kept odor free.

10. Be so constructed and maintained as to prevent the entrance and harborage of rats, mice, insects, flies, or other vermin.
11. All half-way houses of nonfire resistive construction, of two (2) or more stories, with ten (10) or more residents shall install an automatic sprinkler system acceptable to the State Fire Marshal.  
ref: RCM 1947, 69-5213 (3).
12. All doors opening into the corridor shall be of solid wood or metal having a one (1) hour fire resistive rating. No doors shall swing into the corridor except closet doors.
13. Corridor widths of not less than thirty-six inches (36") shall be provided with wider corridors desirable.
14. The width of stairways shall not be less than three feet (3').
15. Adequate parking space shall be available.

#### Section C. Resident Bedrooms

Every existing half-way house shall meet the following requirements:

1. Each single bedroom shall have at least one hundred (100) square feet of usable floor area exclusive of vestibules, toilet rooms, and built-in drawers, closets, or wardrobes.
2. Each multiple-bed room shall have at least eighty (80) square feet usable floor area for each bed exclusive of vestibules, toilet rooms, and built-in drawers, closets, or wardrobes. There shall be three feet (3') minimum space between each bed and two feet (2') minimum space between a bed and the wall.
3. No resident room shall have more than four (4) beds. Not more than two (2) beds per resident room is recommended.
4. No bedroom shall have a ceiling height of less than eight feet (8').
5. No room which opens into the kitchen shall be used as a bedroom.
6. No room shall be used as a bedroom if this requires passing through a kitchen to reach the bathroom, living room, or out-of-doors.
7. Each room used as a bedroom shall have at least one (1) outside window.
8. Each bedroom shall have an adequate clothes closet or wardrobe.
9. Each bedroom floor shall have a bathing facility in the ratio required below.
10. Each bedroom shall have adequate and satisfactory artificial light and be equipped with at least one (1) duplex electric outlet for each bed. There shall be an electric switch in each bedroom near the entrance to control at least one (1) light in the room. Exposed wiring shall be enclosed in conduit. All wiring shall be in compliance with the National Electrical Code and be certified by a licensed electrician. Extension cords shall not be allowed.



11. Residents shall be housed only in rooms designated as bedrooms by the licensing authority. Rooms in which residents are housed shall be used for no other purpose.
12. Beds or other furniture shall not be placed so as to obstruct passage to corridors or exits.
13. No resident bedrooms shall be below grade.
14. No part of any room shall be enclosed or subdivided unless such part be separately lighted and ventilated.

#### Section D. Bath and Toilet Rooms

Every existing half-way house shall meet the following requirements:

1. Provide separate bathrooms for each sex at a minimum of one (1) bath or shower for each ten (10) beds. Grab bars should be provided at each bathtub and shower.
2. A toilet room for each sex at a ratio of one (1) water closet to each eight (8) beds shall be provided. Toilet rooms shall have lavatories.
3. No toilet rooms shall open directly into a kitchen, food preparation, or storage room. Neither shall it be so located that the resident must pass through any of the above areas to enter the toilet room.
4. All bath and toilet rooms shall be easily accessible and conveniently located. They shall be vented to the outside either by windows that can be opened or by an exhaust fan.
5. Bathroom fixtures shall be of substantial construction, in good repair, and designed so that they may be cleaned satisfactorily.
6. Each toilet and bathroom shall be adequately lighted, have a light switch just inside or outside the door and be provided with a mirror for each lavatory.
7. Bathrooms and lavatories should not be used for cleaning, storing, or drying soiled linen or cleaning equipment.
8. Toilet seats shall have waterproof finish.
9. Each floor utilized by residents shall have a toilet room.

#### Section E. Living, Dining, and Recreation Areas

The half-way house shall provide a comfortable area well-furnished and well-lighted for the use of residents. Under no circumstances shall the living room be used as a bedroom.

1. The living, dining, or recreation area shall be large enough to provide necessary space for the activities of the residents. Living and recreation rooms shall be outside rooms.

2. Dining area shall be well-lighted and large enough to accomodate all residents.

#### Section F. Janitor Closet

The janitor's closet should be equipped with hot and cold running water, a service sink, and adequate storage space for supplies and equipment. A floor type sink is recommended.

#### Section G. Kitchen

Every existing half-way house shall meet the following requirement:

1. Food service must comply with the Regulation for Food Service Establishments as adopted by the Division of Environmental Sanitation of the Montana State Board of Health on January 1, 1966.

#### Section H. Storage Space

Every existing half-way house shall provide storage space for supplies, personal possessions of residents and staff, linen and similar items.

#### Section I. Laundry Rooms

The laundry area, if provided, shall be in a separate room or rooms.

1. Laundry equipment shall not be located in a bedroom, toilet room, or bathroom or kitchen.
2. The following facilities shall be provided when the laundry is done commercially:
  - a. Adequate space for sorting, processing, and storing soiled linen.
  - b. Storage space located to facilitate convenient pickup and deliveries.
  - c. Separate storage facilities for clean linen.

#### Section J. Office Space

Each existing half-way house shall provide adequate office space to meet the needs of the home.

#### Section K. Electrical Requirements

1. All electrical equipment and systems shall be in accordance with applicable local codes and regulations. Where such codes are not in effect or where they do not cover special installations, the National Electrical Code shall govern.

#### Section L. Plumbing

All plumbing shall comply with applicable local codes, National Plumbing Code and the Montana Plumbing Code.

Section M. Gas Piping and Appliances

1. Gas piping and appliances shall be approved by the American Gas Association and shall be connected in accordance with the requirements of the utility company furnishing the gas.
2. Gas outlets shall not be provided in resident rooms.

Section N. Dumb Waiters

Any elevators or dumb waiters, if installed, shall comply with all local and state codes.





